MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03992

4043 **CERTIFICATE OF DEATH**

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Hagerstown X
LENGTH OF STAY (in this place) 9 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gateway Nursing Home 60

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chewsville X
STREET ADDRESS (If rural give location) None

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) William (Last) Ausherman

4. DATE OF DEATH: (Month) April (Day) 3 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Mar 5, 1870
9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture
11. BIRTHPLACE (State or foreign country): Washington Co. Md.
12. CITIZEN OF WHAT COUNTRY? US.

13. FATHER'S NAME: Hamilton Ausherman
14. MOTHER'S MAIDEN NAME: Julia Byers

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 198-22-7766
17. INFORMANT & ADDRESS: 1425 Jefferson Blvd. David W. Ausherman Hagerstown Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Cardio Vascular Disease — Interval Between Onset And Death 15 yrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hemiplegia — 3 yrs

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1, 1951, to 4-3, 1954, that I last saw the deceased alive on 3-4, 1954, and that death occurred at 1 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) S. Sw Ritter ADDRESS Hagerstown Md DATE SIGNED 4/3/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF April 5 1954
NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery
LOCATION (City, town, or county) Hagerstown (State) Md.

DATE REC'D BY LOCAL REGISTRAR Apr. 5, 1954
REGISTRAR'S SIGNATURE Joseph W. Murray Local
24. FUNERAL DIRECTOR Rest Haven Funeral Chapel Inc. ADDRESS Wm. A. Horst

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 12 1954
BUREAU V. S.

13-55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3993

CERTIFICATE OF DEATH

3994

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03

LENGTH OF STAY (in this place) 10 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wash

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chewsville

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Fannie (Middle) (Last) Bachtell

4. DATE OF DEATH: (Month) April (Day) 3 (Year) 1954

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed

8. DATE OF BIRTH: July 20, 1875

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Chewsville, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Longnecker

14. MOTHER'S MAIDEN NAME: Anne Amelia Bowman

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: - -

17. INFORMANT & ADDRESS: Mrs. Louise Snyder, Chewsville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

584 X

Immediate cause (a) myocardial insufficiency — Interval Between Onset And Death: 18 hrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arterio sclerotic Heart — 10 yrs

DUE TO (c) acute Cholecystitis & Cholelithiasis & Hydrops — 10 days

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: April 2 1954

19b. MAJOR FINDINGS OF OPERATION: Cholelithiasis Cholecystitis Hydrops

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 24 1954 to April 3, 1954 that I last saw the deceased alive on April 3, 1954, and that death occurred at 2.1 A.M. from the causes and on the date stated above.

SIGNATURE G G Kohler (Degree or title) MD ADDRESS Smithsburg DATE SIGNED 4/3/54

23. BURIAL, CREMATION, REMOVAL (Specify) burial

DATE THEREOF 4-5-54

NAME OF CEMETERY OR CREMATORY Smithsburg Cemetery

LOCATION (City, town, or county) (State) Smithsburg, Md.

DATE REC'D BY LOCAL REGISTRAR Apr. 5, 1954

REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR ADDRESS Scott F. Minnich & Son, Hagerstown

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 7 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3995

CERTIFICATE OF DEATH

Reg. Dist. No. 03994 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown, Md 03 — LENGTH OF STAY (in this place) 55 yrs.	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown, Maryland 03
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hosp. 20	STREET ADDRESS (If rural give location) 412 N Jonathan, Street.

3. NAME OF DECEASED: (Type or Print) (First) Harry	(Middle) Alexander	(Last) Barbour	4. DATE OF DEATH: (Month) 4	(Day) 27	(Year) 19 54
5. SEX: Male	6. COLOR OR RACE: Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: July 17 1882	9. AGE last birthday: 71 yrs.	IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bulter	10b. KIND OF BUSINESS OR INDUSTRY: Private Family	11. BIRTHPLACE (State or foreign country): Harrisonburg, Va.	12. CITIZEN OF WHAT COUNTRY? USA.		
13. FATHER'S NAME: George Barbour	14. MOTHER'S MAIDEN NAME: Catherine Jackson				
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.: none	17. INFORMANT & ADDRESS: Lena Barbour - Hagerstown, Md.			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

161X

Immediate cause (a) Metastatic carcinoma [neck / abdomen — 9 mo / 2 wks

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Carcinoma larynx — 9 mo +

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis — 0.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 14, 1953, to April 27, 1954, that I last saw the deceased alive on April 24, 1954, and that death occurred at 12:55 P.M. DST. from the causes and on the date stated above.

SIGNATURE (Degree or title) W. F. Seymour, M.D. — ADDRESS J Poole Square Hagerstown — DATE SIGNED April 29. 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial	DATE THEREOF 4-30-54	NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery	LOCATION (City, town, or county) (State) Hagerstown, Maryland
DATE REC'D BY LOCAL REGISTRAR Apr. 30, 1954	REGISTRAR'S SIGNATURE Chas. H. Bowers	24. FUNERAL DIRECTOR John R Watson Jr	ADDRESS Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 3 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03995

3996

CERTIFICATE OF DEATH

Dr B. B. Kneisley

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03; LENGTH OF STAY (in this place) 12 mrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Funkstown - Halfway Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: Washington STATE Maryland COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03; STREET ADDRESS (If rural give location) Funkstown - Halfway Rd.

3. NAME OF DECEASED: (Type or Print) (First) LESLIE (Middle) HARRISON (Last) BARE

4. DATE OF DEATH: (Month) Apr (Day) 9 (Year) 1954 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Feby 7 1887

9. AGE last birthday 67 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bread Truck Operator

10B. KIND OF BUSINESS OR INDUSTRY: Self Employed

11. BIRTHPLACE (State or foreign country) Md Lewistown Fred Co.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John A. Bare

14. MOTHER'S MAIDEN NAME: Annie McCormick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 214-10-1421

17. INFORMANT & ADDRESS: Meredith L. Bare

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

IMMEDIATE CAUSE (A) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: Indef.

ANTECEDENT CAUSE (S) DUE TO (B) (With Congestive Failure)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/9, 1954 to 4/9, 1954, that I last saw the deceased alive on 4/9, 1954, and that death occurred at 2 P. M, from the causes and on the date stated above.

SIGNATURE B B Kneisley M. D. ADDRESS Hagerstown Md. DATE SIGNED 4/10/54.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial; DATE THEREOF 4-12-54; NAME OF CEMETERY OR CREMATORY Mt Olivet Cemetery; LOCATION (City, town, or county) (State) Frederick Md.

DATE REC'D BY LOCAL REGISTRAR 4/12/1954; REGISTRAR'S SIGNATURE Chas. H. Boowers

24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman Hagerstown Md

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 14 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03996

3997

CERTIFICATE OF DEATH

Dr Beachley
Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03
LENGTH OF STAY (in this place) 5 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 615 Salem Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03
STREET ADDRESS (If rural give location) 107 West Church St.

3. NAME OF DECEASED: (Type or Print) (First) ELLA (Middle) NORA (Last) BARTON
4. DATE OF DEATH: (Month) (Day) (Year) Apr 5 1954 19

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: June 6 1878
9. AGE last birthday 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Waynesboro Pa.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Smith
14. MOTHER'S MAIDEN NAME: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ------
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Charles W. Barton

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

IMMEDIATE CAUSE (A) Chronic Myocardial — INTERVAL BETWEEN ONSET AND DEATH 5 yrs.

ANTECEDENT CAUSE (S) DUE TO Artery - Sclerosis — 10 yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 19 49 to Apr 5 54, that I last saw the deceased alive on Apr 5, 1954, and that death occurred at 4 P.M., from the causes and on the date stated above.

SIGNATURE J H Beachley M. D. ADDRESS Hagerstown, Md DATE SIGNED 4/5/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 4-7-54
NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR: Apr 5, 1954
REGISTRAR'S SIGNATURE: Chas H. Bowers
24. FUNERAL DIRECTOR ADDRESS: Andrew K. Coffman Hagerstown Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

RECEIVED
APR 7 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 03997

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

4044 Reg. Dist. No. 301

1. PLACE OF DEATH
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport Md.
LENGTH OF STAY (In this place) 40 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 120 N. Conococheague Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport Md.
STREET ADDRESS (If rural, give location) 120 North Conococheague St

3. NAME OF DECEASED (Type or Print): (First) Henry (Middle) None (Last) Beasley
4. DATE OF DEATH: (Month) April (Day) 28 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 1 1885
9. AGE last birthday: 69 yrs. If under 1 year: Months 3 Days 27 If under 24 hrs: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Town Electrician Helper
10b. KIND OF BUSINESS OR INDUSTRY: Electrician
11. BIRTHPLACE (State or foreign country): Bolling Green Va.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Thomas Edward Beasley
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 216-10-9815
17. INFORMANT AND ADDRESS: Mrs. Cora Beasley Williamsport Md. 120 N Conococheague

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) acute cerebral hemorrhage	2 hrs.
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arteriosclerotic myocardial heart disease	7 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
J. Robert Wells M.D. D.M.E. Washington Co. Hagerstown Md. 4-29-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: May 2 1954
NAME OF CEMETERY OR CREMATORY: Riverview Cemetery
LOCATION (City, town, or county) (State): Williamsport Md

DATE REC'D BY LOCAL REG.: April 30 1954
REGISTRAR'S SIGNATURE: Edna McElroy
24. FUNERAL DIRECTOR ADDRESS: Albert L Leaf Williamsport Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MAY 3
U.S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03998

4045 CERTIFICATE OF DEATH

Reg. Dist. No. 303

1. PLACE OF DEATH:

COUNTY Washington MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hagerstown

LENGTH OF STAY (in this place) 2 Yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Gate Way Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Del. COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newark Del.

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Walter (Middle) A (Last) Blackwell

4. DATE OF DEATH: (Month) 4 (Day) 22 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Nov. 4 1876

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months 5 Days 17 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Accountant

10b. KIND OF BUSINESS OR INDUSTRY: Accountant

11. BIRTHPLACE (State or foreign country): McCanellsville Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Theodore Blackwell

14. MOTHER'S MAIDEN NAME: Elizebeth Thomas

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Walter Blackwell Jr. Hancock MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

334X

Immediate cause (a) Cerebral Sclerosis — Interval Between Onset And Death: 2 yrs.

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arterial Sclerosis — 8 yrs.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 24, 1952, to April 22, 1954 that I last saw the deceased alive on April 22, 1954, and that death occurred at 10 P.M., from the causes and on the date stated above.

SIGNATURE David R. Brewer (Degree or title) M.D. ADDRESS Clear Spring Md. DATE SIGNED 4/24/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 4.25.54

NAME OF CEMETERY OR CREMATORY Methodist Cemetery

LOCATION (City, town, or county) North East Cecil (State) Maryland.

DATE REC'D BY LOCAL REGISTRAR April 24-54

REGISTRAR'S SIGNATURE Leroy M. Fockler (Deputy)

24. FUNERAL DIRECTOR Howard J. Grove Hancock Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 29 1954
BUREAU V. S.

Young

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03999

3998

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Wash. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 49 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 824 Spruce St.

3. NAME OF DECEASED: (Type or Print) (First) David (Middle) Brodie (Last) Bonney, Sr.

4. DATE OF DEATH: (Month) Apr. (Day) 19 (Year) 19 54

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH: Aug. 31, 1887
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) conductor
10b. KIND OF BUSINESS OR INDUSTRY: railroad
11. BIRTHPLACE (State or foreign country): Rommey, W. Va.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edmund Bonney
14. MOTHER'S MAIDEN NAME: Elizabeth Townsend

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Helen Bonney, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion
DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) And Myocardial Infarction
DUE TO
(c) Hypertensive Cardiovascular Disease

Interval Between Onset And Death: 5 days; 4 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2.21, 1949, to 4/19/54, 19....., that I last saw the deceased alive on 4/19/54, 19..., and that death occurred at 6.00 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) S. Earl Young Md
ADDRESS Hagerstown Md
DATE SIGNED 4/19/54

23. BURIAL, CREMATION, REMOVAL (Specify) burial
DATE THEREOF 4-21-54
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR Apr. 21, 1954
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR Scott F. Minnich, Hagerstown, Md.
ADDRESS

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

4046 FOR MEDICAL EXAMINERS

Reg. Dist. No. 303

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Penna COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Hagerstown — LENGTH OF STAY (In this place) 1 hr.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denora
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fairview Mountain	STREET ADDRESS (If rural, give location) 627 McKean Avenue

3. NAME OF DECEASED (Type or Print)	(First) Dorothy	(Middle) Caroline	(Last) Brown	4. DATE OF DEATH	(Month) Apr.	(Day) 16	(Year) 1954
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 6/17/1904	9. AGE last birthday 49 yrs.	If under 1 year Months 10	Days 2	If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher	10b. KIND OF BUSINESS OR INDUSTRY Castner School	11. BIRTHPLACE (State or foreign country) McKeesport, Pa.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Alva A. Brown		14. MOTHER'S MAIDEN NAME Caroline S. Englert	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY No. None	17. INFORMANT AND ADDRESS Dr. Dewees Brown, Denora, Pa.	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 1) Fracture Cervical Vertebrae 2) Fracture Malar + Mandible — INTERVAL BETWEEN ONSET AND DEATH: Instant

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 3) Crushed chest

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) N 40 W. of Clearspring — 2 mi West on Rt 40 (CITY OR TOWN) Clearspring (COUNTY) Washington (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) 4-15-54 8:20 p.m. INJURY OCCURRED While at work ☐ Not while at work ☒ HOW DID INJURY OCCUR? Crushed in automobile accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Dr. W. Ditto Jr. Acting Sup. Med. Exam. (Degree or title) ADDRESS Hagerstown Md DATE SIGNED 4/16/54

23. BURIAL, CREMATION REMOVAL (Specify) Removal	DATE THEREOF 4/16/1954	NAME OF CEMETERY OR CREMATORY Monongahela Cem.	LOCATION (City, town, or county) (State) Monongahela, Penna.
DATE REC'D BY LOCAL REG. Apr. 16 1954	REGISTRAR'S SIGNATURE Joseph W. Murray Local Registrar	24. FUNERAL DIRECTOR C. M. Suter & Sons	ADDRESS Hagerstown, Maryland

PLEASE WRITE PLAINLY. WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

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MARYLAND STATE DEPARTMENT OF HEALTH 04001

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 29 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 523 Salem Ave.

3. NAME OF DECEASED (Type or Print) (First) Clara (Middle) Roberta (Last) Burkholder

4. DATE OF DEATH (Month) 4 (Day) 13 (Year) 1954

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single.
8. DATE OF BIRTH 4-29-1875
9. AGE last birthday 78 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (State or foreign country) Carrstown Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Emanuel Burkholder
14. MOTHER'S MAIDEN NAME Elizabeth Wallace.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None.
17. INFORMANT AND ADDRESS Robert L. Burkholder Hagerstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4500

Immediate cause (a) Bronchi pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2-3 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pulmonary infarction and arteriosclerosis — undetermined

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb., 1954, to 4/13, 1954, that I last saw the deceased alive on 4/13, 1954, and that death occurred at 5 P.M., from the causes and on the date stated above.

SIGNATURE Howard N. Weeks, M.D. (Degree or title) ADDRESS 100 N. Potomac DATE SIGNED 4/14/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4-15-1954
NAME OF CEMETERY OR CREMATORY Spring Hill
LOCATION (City, town, or county) (State) Shippensburg, Pa.

DATE REC'D BY LOCAL REG. Apr. 14, 1954
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR C. M. Suter and Sons. ADDRESS Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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APR 19 1954
BUREAU V. S.

Dr Wells

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04002

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CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown LENGTH OF STAY (in this place) 2 Weeks	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash County Hospital	STREET ADDRESS (If rural give location) 160 So. Potomac St.

3. NAME OF DECEASED: (Type or Print) (First) ESTHER (Middle) VICTORIA (Last) BYRUM				4. DATE OF DEATH: (Month) (Day) (Year) Apr 13 1954	
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married	8. DATE OF BIRTH June 6 1892	9. AGE last birthday 61 yrs.	IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10B KIND OF BUSINESS OR INDUSTRY: Own Home	11. BIRTHPLACE (State or foreign country): Mechanicsburg Pa	12. CITIZEN OF WHAT COUNTRY? USA		
13 FATHER'S NAME: David Kile		14. MOTHER'S MAIDEN NAME: Missouri Cramer			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) -------	16. SOCIAL SECURITY NO. 214-09-9560	17. INFORMANT & ADDRESS: Elmer Byrum Hagerstown Md.			

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.

IMMEDIATE CAUSE (A) Arterio sclerotic myocardial heart disease — INTERVAL BETWEEN ONSET AND DEATH: 3yrs

ANTECEDENT CAUSE (B) DUE TO chr glomerular nephritis — 2 yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A DATE OF OPERATION: None	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) None M.	21E INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-30, 1954, to 4.13, 1954, that I last saw the deceased alive on 4.13, 1954, and that death occurred at 5:55 PM, from the causes and on the date stated above.

SIGNATURE S. Robert Wells M.D. M. D. ADDRESS DATE SIGNED April 14'54

23. BURIAL, CREMATION, OR REMOVAL (SPECIFY) Burial	DATE THEREOF 4-16-54	NAME OF CEMETERY OR CREMATORY Mechanicsburg Cemetery	LOCATION (City, town, or county) (State) Cumberland Co Mechanicsburg Pa
DATE REC'D BY LOCAL REGISTRAR 4-15-54	REGISTRAR'S SIGNATURE Chas. H. Bowers	24 FUNERAL DIRECTOR Andrew K. Coffman	ADDRESS Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE 4003

CERTIFICATE OF DEATH

4001

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 1 wk
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pa. COUNTY Franklin
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greencastle 75 x
STREET ADDRESS (If rural, give location) 463 E. Balto. ST. ✓

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) B. (Last) Duffield

4. DATE OF DEATH: (Month) April (Day) 15 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 5/18/1896

9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Manager

10b. KIND OF BUSINESS OR INDUSTRY: Antrim Storage

11. BIRTHPLACE (State or foreign country): Quincy Twp., Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alfred Duffield

14. MOTHER'S MAIDEN NAME: Ida Benedict

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 181-07-4816

17. INFORMANT & ADDRESS: Mrs Ada Duffield Greencastle Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Chronic rheumatic heart disease with — INTERVAL BETWEEN ONSET AND DEATH: 10 years

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) congestive failure

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY Home, farm, factory, street, office bldg., etc. (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 19 44, to April 15, 19 54, that I last saw the deceased alive on 4/15, 19 54, and that death occurred at 12:40 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS 357 E. Balto. St. Greencastle, Pa. DATE SIGNED 4/16/54

23. BURIAL, CREMATION, REMOVAL (Specify): B. DATE THEREOF 4/18/54 NAME OF CEMETERY OR CREMATORY Cedar Hill LOCATION (City, town, or county) Greencastle, Pa. (State)

DATE REC'D BY LOCAL REG. Apr. 16. 1954 REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR A. G. Minnich ADDRESS Greencastle Pa.

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, (1)4004

4002 CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 63 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural give location): 808 South Potomac St.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) William (Last) Everly

4. DATE OF DEATH: (Month) Apr. (Day) 1 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 10-31-1882

9. AGE last birthday: 71 72 yrs.
IF UNDER 1 YEAR: Months — Days
IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Machinist

10b. KIND OF BUSINESS OR INDUSTRY: Fairchild Aircraft

11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jospeh E. Everly

14. MOTHER'S MAIDEN NAME: Anna Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-14-6812

17. INFORMANT & ADDRESS: Mrs. John E. Everly, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.0
Immediate cause (a) Arteriosclerotic heart disease with
DUE TO

Antecedent causes (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) myocardial failure. — 2
DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.
Terminal pneumonia — 3 weeks
Anemia of undetermined cause. — 2

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 8, 1954, to April 1, 1954, that I last saw the deceased alive on March 31, 1954, and that death occurred at 9:30 A.M., from the causes and on the date stated above.

SIGNATURE: R. A. Bell (Degree or title) M.D. — ADDRESS: Hagerstown, Maryland — DATE SIGNED: April 3, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — **DATE THEREOF:** 4-3-1954 — **NAME OF CEMETERY OR CREMATORY:** Funkstown Cemetery — **LOCATION** (City, town, or county) (State): Funkstown, Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR: Apr. 3 1954 — **REGISTRAR'S SIGNATURE:** Thad H. Towers

24. FUNERAL DIRECTOR — **ADDRESS:** C. M. Suter & Sons, Hagerstown, Maryland

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DR. HEADLE

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MARYLAND 4047

STATE DEPARTMETT OF HEALTH

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CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH — COUNTY: WASHINGTON — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BEAVER CREEK - RURAL
LENGTH OF STAY (in this place): LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS: BOONSBORO MD. R.2

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYLAND — COUNTY: WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BEAVER CREEK - RURAL
STREET ADDRESS (If rural, give location): BOONSBORO MD. R.2.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): LESTER FAHRNEY

4. DATE OF DEATH (Month) (Day) (Year): APRIL - 6 - 1954

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: AUG. 13-1889
9. AGE last birthday: 64-7-23 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: OWN FARM
11. BIRTHPLACE (State or foreign country): BEAVER CREEK WASH. CO. MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOSEPH FAHRNEY
14. MOTHER'S MAIDEN NAME: JENNIE COST.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO. (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: 220-30-9154
17. INFORMANT AND ADDRESS: MRS. MARY FAHRNEY BOONSBORO MD. R.2.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

157X

Immediate cause (a) Hemorrhage, gastrointestinal — INTERVAL BETWEEN ONSET AND DEATH: 18 hrs.

Antecedent cause(s) Metastatic carcinoma of liver — 3 mo.

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of head of pancreas — 6 mo - 1 yr

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify): —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): —
(CITY OR TOWN) (COUNTY) (STATE): —
TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Nov, 1953, to death, 19..., that I last saw the deceased alive on 4-1, 1954; and that death occurred at 7 AM m., from the causes and on the date stated above.

SIGNATURE: Robert T. Headle (Degree or title) MD — ADDRESS: Hagerstown — DATE SIGNED: 4-8-54

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE: APRIL 8-1954
NAME OF CEMETERY OR CREMATORY: FAHRNEYS CEMETERY.
LOCATION (City, town, or county) (State): NEAR MAPLEVILLE WASH. CO. MD.

DATE REC'D BY LOCAL REG.: April 8. 1954
REGISTRAR'S SIGNATURE: John H. Bast
24. FUNERAL DIRECTOR: Wm. F. BAST AND SONS — ADDRESS: BOONSBORO MD.

MARGIN RESERVED FOR BINDING

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RECEIVED
APR 12 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04006

4003 CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 3 wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pennsylvania COUNTY Franklin
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Greencastle
STREET ADDRESS (If rural give location) 133 E. Franklin St.

3. NAME OF DECEASED: (Type or Print) (First) Fehrmand (Middle) F. (Last) Fisher
4. DATE OF DEATH (Month) April (Day) 24 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Nov. 14 1871
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: own business
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Edward F. Fisher
14. MOTHER'S MAIDEN NAME: Ella Bemisderfer
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 705-10-6644
17. INFORMANT & ADDRESS: Mrs. Arabel Hollinger Chistertown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary thrombosis — Interval Between Onset And Death: 1 wk.

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Had prostatectomy

19a. DATE OF OPERATION: 5 April 54
19b. MAJOR FINDINGS OF OPERATION: Hypertrophic prostatitis
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5 April, 1954, to 24 April, 1954, that I last saw the deceased alive on 24 April 1954 and that death occurred at 12.25 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) Edwin Dwelle MD — ADDRESS Hagerstown Md — DATE SIGNED 4/26/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4/27/54
NAME OF CEMETERY OR CREMATORY Cedar Hill Cem.
LOCATION (City, town, or county) Greencastle (State) Franklin
DATE REC'D BY LOCAL REGISTRAR Apr 26, 1954
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR A. E. Minnich
ADDRESS Greencastle Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 28 1954
BUREAU V. S.

DR LE VAN

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMETT OF HEALTH

04007

4004 CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
LENGTH OF STAY (in this place) 2 WEEKS
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASH. CO. HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY FREDERICK
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MYERSVILLE - RURAL 1 X
STREET ADDRESS (If rural, give location) MYERSVILLE MD. R.2 ✓

3. NAME OF DECEASED (Type or Print) (First) DANIEL (Middle) (Last) FOCKLER

4. DATE OF DEATH (Month) APRIL (Day) 23 (Year) 1954

5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH DEC. 25 - 1879
9. AGE last birthday 74-3-28 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER
10b. KIND OF BUSINESS OR INDUSTRY OWN FARM
11. BIRTHPLACE (State or foreign country) MT. LENA WASH. CO. MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME GEORGE FOCKLER
14. MOTHER'S MAIDEN NAME MARTHA LIZER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT AND ADDRESS MRS. BERTHA FOCKLER MYERSVILLE MD. R.2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
422.1 Immediate cause	(a) Generalized arteriosclerosis	10 yrs
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Haemorrhage	10 days
	(c) Chronic myocarditis	1 yr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 5, 1954, to April 23, 1954, that I last saw the deceased alive on April 24, 1954, and that death occurred at 5:45 P. m., from the causes and on the date stated above.

SIGNATURE G W Levan (Degree or title) M.D. ADDRESS Boonsboro DATE SIGNED 4/25/54

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE APRIL-26-1954
NAME OF CEMETERY OR CREMATORY BOONSBORO CEMETERY
LOCATION (City, town, or county) BOONSBORO WASH. CO. MD. (State)

DATE REC'D BY LOCAL REG. Apr. 26. 1954
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR WM. F. BAST AND SONS ADDRESS BOONSBORO MD.

RECEIVED
APR 28 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 04008

4048

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 301

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport Md RFD #1 | LENGTH OF STAY (In this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Williamsport Md. RFD #1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport Md RFD #1
STREET ADDRESS (If rural, give location) Williamsport Md. RFD #1

3. NAME OF DECEASED (Type or Print): (First) Benjamin (Middle) Franklin (Last) Fox
4. DATE OF DEATH: (Month) April (Day) 26 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed
8. DATE OF BIRTH: Nov. 11 1876
9. AGE last birthday: 77 yrs. If under 1 year: Months 5 Days 14 If under 24 hrs: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tenant Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Shady Grove Pa.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Jacob Fox
14. MOTHER'S MAIDEN NAME: Lillian Speck
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO
16. SOCIAL SECURITY NO. 7215-18-1200A
17. INFORMANT AND ADDRESS: Mr. Ambrose Fox Williamsport Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Coronary Occulsion (Fell dead in barnyard) — Interval between onset and death: 5 min

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

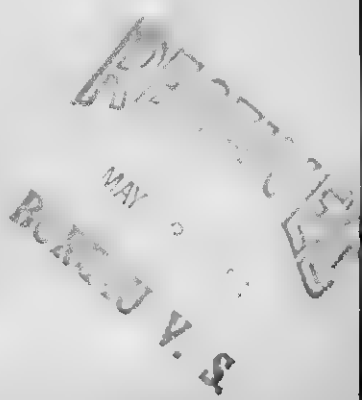
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) J. Robert Wells M.D. DEPUTY MEDICAL EXAM.
ADDRESS WASH. CO., MD. 115 N. Potomac St., Hagerstown, Md.
DATE SIGNED 4/27

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: April 29 1954
NAME OF CEMETERY OR CREMATORY: Price Church of Brethren
LOCATION (City, town, or county) (State): Waynesboro Pa.

DATE REC'D BY LOCAL REG.: Apr 28-1954
REGISTRAR'S SIGNATURE: E Lee McElroy
24. FUNERAL DIRECTOR: Albert L Leaf
ADDRESS: Williamsport Md.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04009

4005

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Wash. MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown

LENGTH OF STAY (in this place) 28 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Garlock Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wash.

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) rural, Hagerstown

STREET ADDRESS (If rural give location) 455 Antietam Drive

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Frances (Last) Gaylor

4. DATE OF DEATH: (Month) (Day) (Year) April 26 1954

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: June 26, 1898

9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Fiddlersburg, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Luther M. Fouke

14. MOTHER'S MAIDEN NAME: Anna M. Koontz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 214-09-4665

17. INFORMANT & ADDRESS: Mrs. Russell Hemphill Security Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Arteriosclerotic & Hypertensive Heart Disease — Interval Between Onset And Death: Several years

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Epilepsy, Grand mal — " "

DUE TO

(c) Coxeoarthritis — years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1941, to April 26, 1954, that I last saw the deceased alive on April 26, 1954, and that death occurred at 8 Pm, from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) [signature] ADDRESS Hagerstown Md DATE SIGNED 4/27/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 4-29-1954

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR Apr. 28 1954

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR Scott F. Minnich & Son, ADDRESS Hagerstown,

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 30 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

201 4049 **CERTIFICATE OF DEATH**

04010

Reg. Dist. No. 303

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Rural Hagerstown, Md. | LENGTH OF STAY (in this place) 2 Mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 40 West Gateway Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Fredk.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Frederick R D 5
STREET ADDRESS (If rural give location) High Knob Dist.

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Frederick (Last) Gonso

4. DATE OF DEATH: (Month) April (Day) 13, (Year) 19 54

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed | 8. DATE OF BIRTH: Sept. 1, 1863 | 9. AGE Last birthday: 90 yrs. | IF UNDER 1 YEAR: Months Days | IF UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired Blacksmith | 10b. KIND OF BUSINESS OR INDUSTRY: Self Emp. | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: John Gonso

14. MOTHER'S MAIDEN NAME: Charlotte Kolb

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) No | 16. SOCIAL SECURITY No.: None | 17. INFORMANT & ADDRESS: Mrs. Maurice F. Klipp Frederick, Md. R D 5

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491X

Immediate cause (a) Broncho Pneumonia — Interval Between Onset And Death: 3 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arterial Sclerosis — 1090.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 6, 1954 to April 13, 1954, that I last saw the deceased alive on April 13 1954, and that death occurred at 11:15 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) David P. Brewer M.D. | ADDRESS Clear Spring Md. | DATE SIGNED 4/15/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Apr. 17-54 | NAME OF CEMETERY OR CREMATORY Mt. Olivet Cem. | LOCATION (City, town, or county) (State) Frederick, Md.

DATE REC'D BY LOCAL REGISTRAR April 15-54 | REGISTRAR'S SIGNATURE Joseph W. Murray Deputy | 24. FUNERAL DIRECTOR M. R. Etchison & Son | ADDRESS Frederick, Md.

VS. A15

RECEIVED
APR 19 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04011

4006

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

COUNTY Washington MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown

LENGTH OF STAY (in this place) 6 hours

HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland Washington

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown

STREET ADDRESS (If rural give location) 1435 Potomac Avenue

3. NAME OF DECEASED: (Type or Print) (First) Felippa (Middle) (Last) Gerace

4. DATE OF DEATH: (Month) Apr. (Day) 26 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 4-5-1878

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months 0 Days 21 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Seamstress

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Italy

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Dominic--------

14. MOTHER'S MAIDEN NAME: Mary--------

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 182-09-8125

17. INFORMANT & ADDRESS: Mrs. Josephine Fennel, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO acute pulmonary edema — Interval Between Onset And Death: about 8 hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Hypertensive-arteriosclerotic cardiovas. disease — unknown

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-26, 1954, to 4-26, 1954, that I last saw the deceased alive on 4/26, 1954, and that death occurred at 7.30 P.M. from the causes and on the date stated above.

SIGNATURE John H. Hornbaker (Degree or title) MD ADDRESS Hagerstown - Md DATE SIGNED 4-27-54

23. BURIAL, CREMATION, REMOVAL (Specify) Removal

DATE THEREOF 4-27-1954

NAME OF CEMETERY OR CREMATORY Holy Cross Cemetery

LOCATION (City, town, or county) (State) Philadelphia, Pa.

DATE REC'D BY LOCAL REGISTRAR Apr. 27, 1954

REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR C. ... Suter & Sons, Hagerstown, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR [illegible]
BUREAU V. S.

Film#G164 Item# 9
4/26/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04012

4007

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH. COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown Md. LENGTH OF STAY (in this place) 1 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garlock Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Funkstown Md.
STREET ADDRESS (If rural give location) Funkstown Md.

3. NAME OF DECEASED: (Type or Print) (First) Rhuie (Middle) Clement (Last) Harries
4. DATE OF DEATH: (Month) April (Day) 17 (Year) 19 54

5. SEX: White
6. COLOR OR RACE: Female
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH: Nov. 24 1869
9. AGE last birthday: ~~85~~ 84 yrs. IF UNDER 1 YEAR: Months 4 Days 23 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Keedysville Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Calvin Valentine
14. MOTHER'S MAIDEN NAME: Mary-Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) NO
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS Mr. John A Harries Funkstown Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X IMMEDIATE CAUSE (A) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 24 hrs.

ANTECEDENT CAUSE (S) DUE TO (B) Arteriosclerosis — yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: none
19B. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) — M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 4/16, 1954 to 4/17, 1954, that I last saw the deceased alive on 4/16, 1954 and that death occurred at 10:20 AM, from the causes and on the date stated above.

SIGNATURE Louis S. Graff M. D. ADDRESS 119 E. Antietam DATE SIGNED 4/19/54.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF April 20.54
NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery
LOCATION (City, town, or county) (State) Williamsport Maryland

DATE REC'D BY LOCAL REGISTRAR Apr. 19. 1954
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR Edith V Leaf ADDRESS Williamsport Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

RECEIVED
APR 21 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

4008

04013

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
MARYLAND LENGTH OF STAY (in this place): 58 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural give location): 901 Oak Hill Ave.

3. NAME OF DECEASED: (Type or Print) (First) Alverta (Middle) Belle (Last) Hays

4. DATE OF DEATH: (Month) Apr. (Day) 27 (Year) 19 54

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH: Jan. 8, 1873 | 9. AGE last birthday: 81 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Greencastle Pa.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John C. Spielman
14. MOTHER'S MAIDEN NAME: Mary Hammil

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 214-34-9519
17. INFORMANT & ADDRESS: Miss Bessie Recher Hag. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

174X
Immediate cause (a) Carcinoma of uterus
DUE TO

Antecedent causes (s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b)
DUE TO
(c)

Interval Between Onset And Death: Unknown - perhaps 2 yrs -

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/7, 19 41, to 4/27, 19 54, that I last saw the deceased alive on 4/27, 19 54, and that death occurred at 5 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): John H. Homebaker M.D.
ADDRESS: Hagerstown Md
DATE SIGNED: 4-29-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Apr. 30, 1954
NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR: Apr. 30 1954
REGISTRAR'S SIGNATURE: Chas H Towers
24. FUNERAL DIRECTOR: Scott F. Minnich & Son
ADDRESS: Hag. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 3 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04014

4050 CERTIFICATE OF DEATH

Reg. Dist. No. 306

W.C

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Smithburg
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Smithburg
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Lloyd (Middle) D. (Last) Hays

4. DATE OF DEATH: (Month) 4 (Day) 21 (Year) 1954

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 8-1-1895
9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: mechanic
10b. KIND OF BUSINESS OR INDUSTRY: metal factory
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Cyrus A. Hays
14. MOTHER'S MAIDEN NAME: Cora Kuhn

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) W.W. 1
16. SOCIAL SECURITY No.: 218-10-8151
17. INFORMANT & ADDRESS: Mrs. Cora Hays, Smithburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X

Immediate cause (a) Cancer of right lung

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 2, 1953, to April 21, 1954, that I last saw the deceased alive on April 21, 1954, and that death occurred at 9.35 PM from the causes and on the date stated above.

SIGNATURE G W Levan (Degree or title) M.D. ADDRESS Boonsboro DATE SIGNED 4/23/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4-24-1954
NAME OF CEMETERY OR CREMATORY Methodist Cemetery
LOCATION (City, town, or county) Smithburg, (State) Md.

DATE REC'D BY LOCAL REGISTRAR April 24-54
REGISTRAR'S SIGNATURE Geo W Ferguson
24. FUNERAL DIRECTOR Gladhill Co., ADDRESS Middletown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 14015

CERTIFICATE OF DEATH

4009 Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown; LENGTH OF STAY (in this place) 47 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 1050 Corbett St.,

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Washington; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown; STREET ADDRESS (If rural give location) 1050 Corbett St.,

3. NAME OF DECEASED: (First) Carrie (Middle) May (Last) Hertzler

4. DATE OF DEATH: (Month) 4 (Day) 29 (Year) 19 54

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) married

8. DATE OF BIRTH. Sept. 28, 1880

9. AGE last birthday 73 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework

10B. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Knobsville, Fulton Co. Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Divens

14. MOTHER'S MAIDEN NAME: Nancy McCoy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. unknown

17. INFORMANT & ADDRESS: Harvey B. Hertzler Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 33 hrs.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Arteriosclerotic Hypertensive Heart Disease — 3½ yrs.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Parkinson's Disease — 2 yrs.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. ., 19.., to April 29, 19.. that I last saw the deceased alive on April 29, 19.., and that death occurred at 3:10 M, from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS Hagerstown Md. DATE SIGNED 4/30/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial; DATE THEREOF May 2, 1954; NAME OF CEMETERY OR CREMATORY Rose Hill; LOCATION (City, town, or county) Hagerstown (State) Md.

DATE REC'D BY LOCAL REGISTRAR May 2. 1954; REGISTRAR'S SIGNATURE Chas. H. Flowers

24. FUNERAL DIRECTOR Fred W. Kraiss; ADDRESS Hagerstown, Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 4 1954
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04016

4016 CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH.
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 35 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 66 West Side Avenue

3. NAME OF DECEASED: (Type or Print) (First) Albert (Middle) Edward (Last) Heyworth

4. DATE OF DEATH: (Month) April (Day) 6, (Year) 1954

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married | 8. DATE OF BIRTH: October 20, 1890 | 9. AGE last birthday 63 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Insurance Salesman
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Fall River, Massachusetts
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Richard Heyworth
14. MOTHER'S MAIDEN NAME: Anna Holmes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) W. War I
16. SOCIAL SECURITY NO. 220-07-3585
17. INFORMANT & ADDRESS. Mrs. Marie M. Heyworth 66 West Side Ave. Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE 442X
(A) DUE TO Hypertensive Cardio Vascular Disease — 4 yrs +

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF any, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Obliterating arteriosclerosis — 4 yrs +

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 5, 1954, to Apr. 6, 1954, that I last saw the deceased alive on April 6, 1954, and that death occurred at 3:15 A M, from the causes and on the date stated above.

SIGNATURE Clark C. Hoffman M.D. ADDRESS 214 N. Potomac st. Hagerstown Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF April 8, 1954
NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR Apr 7 1954
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR Ted L. Kains
ADDRESS Hagerstown, Md.

RECEIVED
SEP 9 1954
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

04017

4051

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 305

1. PLACE OF DEATH: COUNTY: Washington; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Breathedsville
LENGTH OF STAY (In this place): 15 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Parking Lot Md. State Reformatory

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Williamsport, Md.
STREET ADDRESS (If rural, give location): 47 E. Salisbury Street

3. NAME OF DECEASED (Type or Print): (First) Richard (Middle) Grant (Last) Hoffman
4. DATE OF DEATH: (Month) Apr. (Day) 1, (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Sept. 3,1894	59 yrs.	0	28		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Storekeeper
10b. KIND OF BUSINESS OR INDUSTRY: Reformatory
11. BIRTHPLACE (State or foreign country): Williamsport, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alvey G. Hoffman
14. MOTHER'S MAIDEN NAME: Effie Bell Hoffman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs. Anna M. Hoffman, 47 E. Salisbury St Williamsport, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) aretrio-sclerotic coronary heart disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) acute coronary occlusion
(c) (died suddenly in automobile)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): None m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (M.D. or Coroner): S. Robert Mello M.D. DEPUTY MEDICAL EXAM WASH. CO., MD.
ADDRESS: 115 N. Potomac St, Hagerstown, Md.
DATE SIGNED: 4-2-54

DISPOSITION: CREMATION, BURIAL, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 3,1954	Rest Haven Cemetery	Hagerstown, Md.

DATE REC'D BY LOCAL REG.: April 2, 1954
REGISTRAR'S SIGNATURE: John H. Bast
24. FUNERAL DIRECTOR ADDRESS: Albert Leaf, Williamsport, Md.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. Especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16A

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04018

4011

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 55 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 324 Radcliff Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 324 Radcliff Ave

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) Martin (Last) Huff

4. DATE OF DEATH: (Month) 4 (Day) 16 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 12/16/1867
9. AGE last birthday 86 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cabinet Maker
10B KIND OF BUSINESS OR INDUSTRY: Manufacturing
11. BIRTHPLACE (State or foreign country): Williamsport, Penna.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT & ADDRESS: Harry E. Hoff 324 Radcliff Ave Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

450.0
IMMEDIATE CAUSE (A) Generalized Arteriosclerosis — 30 yrs.
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. (1) Malnutrition — 2-3 yrs.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 1, 1954, to Apr. 17, 1954, that I last saw the deceased alive on Apr. 6, 1954, and that death occurred at M, from the causes and on the date stated above.

SIGNATURE S. E. W. Ditto Jr. M. D. ADDRESS Hagerstown Md DATE SIGNED 4/17/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 4/19/54
NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR Apr. 19, 1954
REGISTRAR'S SIGNATURE Chas. H. Bowers
24 FUNERAL DIRECTOR Rest Haven Funeral Chapel Inc. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

RECEIVED
APR 21 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

4052 04019

Reg. Dist. No. 365

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Appletown Rural
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Boonsboro Md. Route 2

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Appletown Rural
STREET ADDRESS (If rural, give location) Boonsboro Md. Route 2

3. NAME OF DECEASED (Type or Print) (First) Merle (Middle) Theodore (Last) Hutzell
4. DATE OF DEATH (Month) 4 (Day) 14 (Year) 1954

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH June 16, 1913
9. AGE last birthday 40 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stock dealer
10b. KIND OF BUSINESS OR INDUSTRY self employed
11. BIRTHPLACE (State or foreign country) Boonsboro Wash. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Russell T. Hutzell
14. MOTHER'S MAIDEN NAME Clara Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 217 32 5444
17. INFORMANT AND ADDRESS Mrs. Doris Hutzell Boonsboro Md. R2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Gun shot wound into — INTERVAL BETWEEN ONSET AND DEATH 5 min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chest in region of heart

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rheumatic heart disease

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) R # 2 Boonsboro, (COUNTY) Washington (STATE) Md.
TIME OF INJURY (Month) 4 (Day) 14 (Year) 54 (Hour) 5:45AM
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Shot self with 12 gauge shot gun

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE S. Robert Mells MD (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO., MD.
ADDRESS 115 N. Potomac Street, Hagerstown, Md
DATE SIGNED 4/14/54

CREMATION MOVAL (Specify) Burial
DATE THEREOF April 17 54
NAME OF CEMETERY OR CREMATORY Boonsboro Cemetery
LOCATION (City, town, or county) Boonsboro Wash. Co. Md. (State)

DATE REC'D BY LOCAL REG. April 17. 1954
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR WM. F. BAST AND SONS ADDRESS BOONSBORO MD.

MARGIN RESERVED FOR BINDING

WRITE CLAINLY, WITH UNFADING INK. Supply every item of information carefully. Correct age specially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 20 1954
BUREAU V. S.

MARYLAND

STATE DEPARTMETT OF HEALTH

04020

4053 CERTIFICATE OF DEATH

Reg. Dist. No. 305

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Box Boro Rural
LENGTH OF STAY (in this place) ½ HR.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Boonsboro MD. R.1.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mousetown - Rural
STREET ADDRESS (If rural, give location) Boonsboro MD. R.2

3. NAME OF DECEASED (Type or Print) (First) ELSIE (Middle) M (Last) ITNYRE

4. DATE OF DEATH (Month) APRIL (Day) 28 (Year) 1954

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH NOV. 27. 1894

9. AGE last birthday 59-5-1 yrs. If under 1 year Months. Days. If under 24 hrs. Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY OWN HOME

11. BIRTHPLACE (State or foreign country) FRED. CO. MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME EDWARD BISER

14. MOTHER'S MAIDEN NAME SARAH PUTNAM

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If year, give war or dates of service)

16. SOCIAL SECURITY No. NONE

17. INFORMANT AND ADDRESS JOSEPH. E. ITNYRE BOONSBORO MD. R.2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.2

Immediate cause (a) Virginia Rectoris.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)... (c)...

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 28, 1954, to April 28, 1954, that I last saw the deceased alive on April 28, 1954, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

SIGNATURE G. W. Luhn (Degree or title) M.D. ADDRESS Boonsboro DATE SIGNED 4/30/54

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL

DATE MAY-1-1954

NAME OF CEMETERY OR CREMATORY BOONSBORO CEMETERY

LOCATION (City, town, or county) (State) BOONSBORO WASH. CO. MD.

DATE REC'D BY LOCAL REG. May. 1. 1954

REGISTRAR'S SIGNATURE John W. Bast

24. FUNERAL DIRECTOR WM. F. BAST AND SONS ADDRESS BOONSBORO MD.

RECEIVED
MAY 5 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04021

4054

CERTIFICATE OF DEATH

Reg. Dist. No. 303

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Clear Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gatewood Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) Minnie (Middle) Columbia (Last) Jackson (Type or Print)

4. DATE OF DEATH: (Month) April (Day) 6 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 9/10/1876

9. AGE last birthday: 77 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: House wife

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: William Webb

14. MOTHER'S MAIDEN NAME: Rhoda Meredith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Phone 62 Mrs. D R Fleming - Hanock, Md, Box 87

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) Chr. Endocarditis — Interval between onset and death: 2 yrs.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) Arterial Sclerosis — 5 yrs.

DUE TO

(c)

450.0

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 6, 1953, to April 6, 1954 that I last saw the deceased alive on April 6, 1954, and that death occurred at 4:55 a.m., from the causes and on the date stated above.

SIGNATURE David R Brewer (DEGREE OR TITLE) M.D. ADDRESS Clear Spring Md. DATE SIGNED 4/6/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF April 9 1954 — NAME OF CEMETERY OR CREMATORY Meadow Lawn Memorial Park — LOCATION (City, town, or county) Westminster (State) Md.

DATE REC'D BY LOCAL REG. April 6-54 — REGISTRAR'S SIGNATURE Leroy M Fochler (Deputy Local)

24. FUNERAL DIRECTOR H B Bankard & Son — ADDRESS Westminster, Md.

RECEIVED
APR 12 1954
BUREAU V. S.

MARYLAND

STATE DEPARTMETT OF HEALTH

04022

4012 CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
LENGTH OF STAY (in this place) 8 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASH. CO. HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ZITTLESTOWN - RURAL
STREET ADDRESS (If rural, give location) BOONSBORO MD. R. 2

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) SAMUEL - L. JONES

4. DATE OF DEATH (Month) (Day) (Year) APRIL - 30 - 1954

5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH FEB. 26 - 1868
9. AGE last birthday 86-2-4 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BLACKSMITH.
10b. KIND OF BUSINESS OR INDUSTRY OWN SHOP.
11. BIRTHPLACE (State or foreign country) FRED. CO. MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME LEWIS JONES
14. MOTHER'S MAIDEN NAME MARY COFFMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO. (If year, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT AND ADDRESS MRS. ANNA MAY JONES BOONSBORO MD. R. 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Generalized arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH 5 yrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Hemorrhage — 18 days.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 12, 1954, to April 30, 1954, that I last saw the deceased alive on April 29, 1954, and that death occurred at 3.05 A. m., from the causes and on the date stated above.

SIGNATURE G. W. Leban (Degree or title) M.D. ADDRESS Boonsboro DATE SIGNED 4/30/54

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE MAY-2-1954
NAME OF CEMETERY OR CREMATORY BOONSBORO CEMETERY
LOCATION (City, town, or county) (State) BOONSBORO WASH. CO. MD

DATE REC'D BY LOCAL REG. May 1. 1954
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR WM. F. BAST AND SONS ADDRESS BOONSBORO MD

MARGIN RESERVED FOR BINDING

M

I

RECEIVED
MAY 4 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

4013 04023

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Type or is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Washington; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (In this place) 3 Mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hagerstown Md RFD #6

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown Maryland
STREET ADDRESS (If rural, give location) Hagerstown Maryland RFD #6

3. NAME OF DECEASED (Type or Print): (First) Kathleen (Middle) Marie (Last) Keim

4. DATE OF DEATH: (Month) April (Day) 27 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 6 1926

9. AGE last birthday: 27 yrs. If under 1 year: Months; Days; If under 24 hrs: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waitress

10b. KIND OF BUSINESS OR INDUSTRY: Restaurant

11. BIRTHPLACE (State or foreign country): Pinesburg Md.

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Lester M. Mose Sr.

14. MOTHER'S MAIDEN NAME: Mary Irene Colbert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: 220-16-3191

17. INFORMANT AND ADDRESS: Mr. Lester M. Mose Sr. Sharpsburg Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 914.0 Electrocution — Interval between onset and death: 20 min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: at home

(CITY OR TOWN) (COUNTY) (STATE): near Reid - Hagerstown R#6-Wash-Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 4 -27-54 12:25PM

INJURY OCCURRED While at Work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Holding television antenna -contacted High tension wire

22. *I certify that I took charge of the remains deserved above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: [signature] (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO., MD. ADDRESS: 115 N. Potomac St. Hagerstown, Md DATE SIGNED: 4-28-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: May 1-54

NAME OF CEMETERY OR CREMATORY: Mt. View Cemetery

LOCATION (City, town, or county) (State): Sharpsburg Md.

DATE REC'D BY LOCAL REG.: Apr. 28. 1954

REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: Albert L Leaf ADDRESS: Williamsport Md.

RECEIVED
APR 30 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

04024

4014 CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 2C2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt. Etna Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 45 S. Potomac St.,

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Edgar	Roy	Leckrone		4	21	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
male	white	married	July 19,1886	67 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
retired	farmer	Chewsville, Md.	U.S.A.

13. FATHER'S NAME: William Leckrone
14. MOTHER'S MAIDEN NAME: Eurilla Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	215-20-1306	Ida Leckrone Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
929.9 Immediate cause (a) Suffocation by drowning	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ✓ OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☑	HOW DID INJURY OCCUR?
4	21	54	9:30 a.m.			Found floating in Antietam Creek

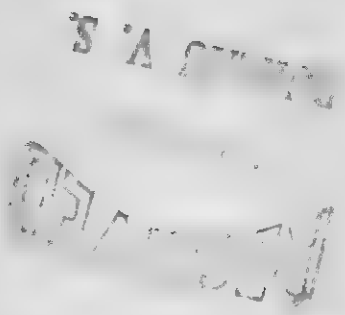
22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ✓, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ✓.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
S. Robert Wells M.D.	DEPUTY MEDICAL EXAM. WASH. CO. MD.	Hagerstown, Maryland	4.22.54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	April 24,1954	Rose Hill	Hagerstown	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/24/54	[illegible]	Fred W. Kraiss	Hagerstown, Md.

VS. A15A



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

4055 2411 N. Charles Street, Baltimore 04025

CERTIFICATE OF DEATH

Reg. Dist. No. 306

1. PLACE OF DEATH: COUNTY Washington; MARYLAND Maryland; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Smithsburg; LENGTH OF STAY (in this place) 2 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Smithsburg, Md.; STREET ADDRESS (If rural, give location) Maple Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Miriam	Besore	Legge	April	16	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	Jan. 4, 1870	84 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Smithsburg, Md. Wash., Co.	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George N. Besore	Margaret Lyday

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	None	Mrs. Robert Hartle, Smithsburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Coronary occlusion	1 day
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Coronary thrombosis	
(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 3-8-54 19..., to 4-16-54 19..., that I last saw the deceased alive on 4-16-54 19..., and that death occurred at 9:30 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. L. Ludeman	M.D.	Waynesboro	4-16-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 19, 1954	Smithsburg Lutheran Cemetery,	Smithsburg, Md.

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 17 54	Lew H Ferguson	Scott F. Minnich & Son	Smithsburg, Md.

RECEIVED
APR 20 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04026

4015 CERTIFICATE OF DEATH

Dr Lusby

Reg. Dist. No. 302

1. PLACE OF DEATH
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 24 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 14 Glenside Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 14 Glenside Ave

3. NAME OF DECEASED: (Type or Print) (First) CECELIA (Middle) KATHERINE (Last) LUTHER

4. DATE OF DEATH: (Month) Apr (Day) 4 (Year) 1954

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single | 8. DATE OF BIRTH: Nov 29 1892 | 9. AGE last birthday 61 yrs | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales Lady

10B. KIND OF BUSINESS OR INDUSTRY: Leiter Bros

11. BIRTHPLACE (State or foreign country): Hagerstown Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George W. Luther

14. MOTHER'S MAIDEN NAME: Mary Lucretia Huyett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 220-16-2237

17. INFORMANT & ADDRESS: Mr Frank Luther

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE 420.0	(A) Arteriosclerotic Heart Disease	3yr +
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Coronary Occlusion	1 day
	DUE TO (C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from , 19 , to , 19 , that I last saw the deceased alive on 4 Apr , 1954, and that death occurred at 3 P M, from the causes and on the date stated above.

SIGNATURE. F F Lusby, M D — ADDRESS 230 N Potomac — DATE SIGNED 5 Apr 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 4-7-54 | NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery | LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR Apr. 5, 1954 | REGISTRAR'S SIGNATURE Chas. H. Towers

24. FUNERAL DIRECTOR Andrew K. Coffman ADDRESS Hagerstown Md

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 7 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04027

4016 CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown, Maryland
LENGTH OF STAY (in this place) life time
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown, Maryland.
STREET ADDRESS (If rural give location) 140 W North Street.

3. NAME OF DECEASED: (Type or Print) (First) Henry (Middle) (none) (Last) Lyles
4. DATE OF DEATH: (Month) 4 (Day) 28 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Oct 14 1914
9. AGE last birthday: 39 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Richard Lyles
14. MOTHER'S MAIDEN NAME: Christine French

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: [illegible]
17. INFORMANT & ADDRESS: Christine French 140 W North, St Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 002X (a) Pulmonary Tuberculosis — Interval Between Onset And Death: 3-4 years?

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Metastasis to Kidney — 6 days

DUE TO (c) ✓

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION: ✓
19b. MAJOR FINDINGS OF OPERATION ✓
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ✓ (CITY OR TOWN) ✓ (COUNTY) ✓ (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from Jan 1, 1954, to April 28 1954, that I last saw the deceased alive on 4/28, 1954, and that death occurred at Wash Co. Hospital from the causes and on the date stated above.

SIGNATURE Victor D. Miller (Degree or title) DR. VICTOR D. MILLER 131 W. WASHINGTON ST. HAGERSTOWN, MD.
ADDRESS
DATE SIGNED 4/29 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5-1-1954
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Maryland.

DATE REC'D BY LOCAL REGISTRAR May 1. 1954
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR John R Watson Jr
ADDRESS Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 4 1954
BUREAU V. S.

Counter signed April 10-54 5 Robert Wells, M.D. D. M. E. Wash. Co. Md.

4017

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 04028

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
LENGTH OF STAY (in this place) 20 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON COUNTY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
STREET ADDRESS (If rural give location) 914 DEWEY AVE.

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) WILEY (Last) MARSH
4. DATE OF DEATH: (Month) APRIL (Day) 7 (Year) 1954
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 2/2/1897
9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: INSPECTOR
10b. KIND OF BUSINESS OR INDUSTRY: AIRCRAFT CO.
11. BIRTHPLACE (State or foreign country): W. VA.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: JOHN W. MARSH
14. MOTHER'S MAIDEN NAME: JULIA LOWE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) W.W. #1
16. SOCIAL SECURITY No.: 214-09-1798
17. INFORMANT & ADDRESS: MR. WM. G. MARSH HAGERSTOWN MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Abscess of Epiglottis — Interval Between Onset And Death: 3 days

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Coronary occlusion — 30 min.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/7, 1954, to 4/7, 1954, that I last saw the deceased alive on 4/7, 1954, and that death occurred at 5:25 pm from the causes and on the date stated above.

SIGNATURE George Jennings (Degree or title) M.D. ADDRESS Hagerstown, Md. DATE SIGNED 4/9/54

23. BURIAL, CREMATION, REMOVAL (Specify) Buried
DATE THEREOF 4/10/54
NAME OF CEMETERY OR CREMATORY Rest Haven Cem.
LOCATION (City, town, or county) Hagerstown (State) Md.
DATE REC'D BY LOCAL REGISTRAR Apr. 9, 1954
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR W. T. Norment ADDRESS Hagerstown Md.

Coroner notified and approved.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
1904
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 04029

4018 CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 27 Elizabeth Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 27 Elizabeth Street

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Henry (Last) Martin
4. DATE OF DEATH: (Month) Apr. (Day) 20 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH: 1-14-1873
9. AGE last birthday: 81 yrs. If under 1 year: Months 5 Days 0 If under 24 hours: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Pipeman
10b. KIND OF BUSINESS OR INDUSTRY: Koller Org. Works
11. BIRTHPLACE (State or foreign country): Downsville, Wash. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: David Martin
14. MOTHER'S MAIDEN NAME: Mary Hagerman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 214-09-7884
17. INFORMANT AND ADDRESS: Blanche Schwinger, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) 331X

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) acute cerebral hemorrhage — 4 hrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. WAS INJURY (Accident, Suicide, Homicide)? PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE (Degree or title) L Robert Wells M.D. DEPUTY MEDICAL EXAM. WASH. CO., MD.
ADDRESS Hagerstown, Maryland
DATE SIGNED 4.22.54

DISPOSITION (Burial, Cremation, Removal) Burial
DATE THEREOF 4-23-1954
NAME OF CEMETERY OR CREMATORY St. Pauls Cemetery
LOCATION (City, town, or county) (State) Western Pike, Md.

DATE RECEIVED BY LOCAL REGISTRAR Apr. 23, 1954
REGISTRAR'S SIGNATURE Elizabeth H. Bowers
24. FUNERAL DIRECTOR C. M. Suter & Sons
ADDRESS Hagerstown, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

VS A15A

APR
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

4056

04030

Reg. Dist. No. 3.0.5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age if especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY WASHINGTON — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BEAVER CREEK-RURAL | LENGTH OF STAY (In this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS HAGERSTOWN MD. R.1.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BEAVER CREEK - RURAL
STREET ADDRESS (If rural, give location) HAGERSTOWN MD. R.1.

3. NAME OF DECEASED (Type or Print): (First) BERTIE (Middle) ELLEN (Last) MARTZ

4. DATE OF DEATH: (Month) April (Day) 14 (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: JUNE 11 1854

9. AGE last birthday: 69 Years 10 Months 12 Days | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): MT. LENA WASH. CO. MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: SAMUEL HOUPT

14. MOTHER'S MAIDEN NAME: LAURA BOWMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: MERLE A. MARTZ HAGERSTOWN MD. R.1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) 5 hrs. Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c) Chr. Myocardial degeneration 3 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) None m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

A. Robert Wells M.D. D.M.E. Wash. Co. Md. Hagerstown, Md. 4-18-54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE THEREOF: APRIL 20 1954 | NAME OF CEMETERY OR CREMATORY: BOONSBORO CEMETERY | LOCATION (City, town, or county) (State): BOONSBORO WASH. CO. MD.

DATE REC'D BY LOCAL REG: APRIL 18 1954 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS: WM. F. EAST AND SONS BOONSBORO MD.

VS. A15A

...LD V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4031

4019 CERTIFICATE OF DEATH

Dr Victor Miller 302

Reg. Dist. No.

1. PLACE OF DEATH
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (In this place) 1 Week
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 135 Fairground Ave

3. NAME OF DECEASED: (Type or Print) (First) THADDEAUS (Middle) AUGUSTUS (Last) MAXELL

4. DATE OF DEATH (Month) Apr (Day) 23 (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Write)	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widower	June 10 1875	78 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Blacksmith	Co. Roads Dept	Emmitsburg Md.	USA

13. FATHER'S NAME: Harry Maxell

14. MOTHER'S MAIDEN NAME: Jemima Stansbury

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
No		Unable to locate	Mrs Sarah Herrmann

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — 917 West Franklin St

IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSE (S) DUE TO (B) Arterio Sclerosis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) —

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 0

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0	0	YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.	21C. WHERE DID (City or town) INJURY OCCUR? (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?
0 M.		0

22. I hereby certify that I attended the deceased from 4/1 1954, to April 23 1954, that I last saw the deceased alive on 4/23 1954, and that death occurred at P. M., from the causes and on the date stated above.

SIGNATURE Victor D. Miller DR. VICTOR D. MILLER M D. ADDRESS 131 W. WASHINGTON HAGERSTOWN, MD. DATE SIGNED 4/24/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/26/54	Mt View Cemetery	Emmitsburg Md

DATE REC'D BY LOCAL REGISTRAR 4/24/1954 — REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR ADDRESS: Andrew K. Coffman Hagerstown Md

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 28 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04032

4020 CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1 PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Hagerstown Md. — LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE W. Virginia — COUNTY Berkley
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Martinsburg
STREET ADDRESS (If rural give location) 221 S. Maple ✓

3. NAME OF DECEASED: (First) (Middle) (Last) Mc Gaha (Type or Print)
4. DATE OF DEATH: (Month) 4 (Day) 6 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): —
8. DATE OF BIRTH: 4/2/54
9. AGE last birthday: yrs. 3 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Washington Co. Hosp. (Md.)
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Franklin Mc Gaha
14. MOTHER'S MAIDEN NAME: Anne Mary Bible
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: FRANKLIN McGAHA

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bilateral Atelectasis & Pulmonary Hyaline Membrane — DUE TO — Interval Between Onset And Death: 24 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) — DUE TO (c) Prematurity.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: Bilateral Atelectasis
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) Hagerstown (COUNTY) Wash. (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) m. —
INJURY OCCURED While at Work ☐ Not While At Work ☐ —
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 4/2, 1954, to 4/5, 1954, that I last saw the deceased alive on 4/5, 1954, and that death occurred at 4:35 AM, from the causes and on the date stated above.
SIGNATURE (Degree or title) Robert Mahoney M.D. — ADDRESS Hagerstown Md — DATE SIGNED 4/6/54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — DATE THEREOF APRIL 6, 1954 — NAME OF CEMETERY OR CREMATORY ROSE HILL — LOCATION (City, town, or county) (State) HAGERSTOWN, MD.
DATE REC'D BY LOCAL REGISTRAR Apr. 6. 1954 — REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR — ADDRESS C.M. SUTER & SONS, HAGERSTOWN, MD

20442-2272

RECEIVED
APR 8 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 04033

4057

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 305

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BOONSBORO
LENGTH OF STAY (in this place) 6 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS GUILFORD NURSING HOME

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN APPLETOWN, RURAL
STREET ADDRESS (If rural, give location) BOONSBORO MD. R. 2

3. NAME OF DECEASED (Type or Print) (First) LETTIE (Middle) VIRGINIA (Last) MICHAEL
4. DATE OF DEATH (Month) April (Day) 16 (Year) 1954
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED
8. DATE OF BIRTH JUNE-16-1874
9. AGE last birthday 79-10-0 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY OWN HOME
11. BIRTHPLACE (State or foreign country) NEAR BOONSBORO WASH. CO. MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME JOSEPH WISSINGER
14. MOTHER'S MAIDEN NAME SUSAN WISSINGER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT AND ADDRESS MRS. EARL KEFAUVER BOONSBORO MD. R. 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

X Immediate cause (a) acute cerebral hemorrhage — 40 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetes M. — 8 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Sept 1948
19b. MAJOR FINDINGS OF OPERATION amputation rt. leg (diabetic gangrene)
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE S. Robert Wells MD. (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO., MD. ADDRESS 115 N. Potomac St., Hagerstown, Md. DATE SIGNED 4-16-54

MODE OF CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF APRIL-19-1954
NAME OF CEMETERY OR CREMATORY BOONSBORO CEMETERY
LOCATION (City, town, or county) (State) BOONSBORO WASH. CO. MD.
DATE REC'D BY LOCAL REG. April 17, 1954
REGISTRAR'S SIGNATURE John W. Bast
24. FUNERAL DIRECTOR WM. E. BAST AND SONS ADDRESS BOONSBORO MD.

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct page is specially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04034

4058 CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown Md RFD #3
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hagerstown Md RFD #3

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown Md. RFD #3
STREET ADDRESS (If rural give location) Hagerstown Md RFD #3

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) E (Last) Miller

4. DATE OF DEATH: (Month) April (Day) 28 (Year) 19 54

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Aug. 30 1878
9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months 7 Days 30 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Bakersville Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: J Elsworth Davis
14. MOTHER'S MAIDEN NAME: Sarah Small

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.0 (a) Cerebral Vascular Accident DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic Heart Disease DUE TO

(c)

Interval Between Onset And Death: 1 week

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/1/54 19 , to 4/28 54 19 , that I last saw the deceased alive on 4/28/54 19 , and that death occurred at 12:30 P.m., from the causes and on the date stated above.

SIGNATURE Howard N. Wirth (Degree or title) MD ADDRESS 100 N. Potomac DATE SIGNED 4/30/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF May 1-54
NAME OF CEMETERY OR CREMATORY Mt. View Cemetery
LOCATION (City, town, or county) (State) Sharpsburg Md.

DATE REC'D BY LOCAL REGISTRAR Apr. 30 1954
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR Albert L. Leaf ADDRESS Williamsport Md.

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE 18

04035

4021 CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 18 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 828 Georgia Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 828 Georgia Ave.

3. NAME OF DECEASED: (Type or Print) (First) Orpha (Middle) May (Last) Nutter

4. DATE OF DEATH: (Month) April (Day) 2, (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Oct. 30, 1880
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months 5 Days 2 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Williamsport, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frisby Knodle
14. MOTHER'S MAIDEN NAME: Alice Reader

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS: Grover Nutter 828 Georgia Ave. Hagerstown, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

24 X

Immediate cause (a) Cardiac failure
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Bronchial asthma
DUE TO

(c)

Interval Between Onset And Death

11 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/2, 1954, to 4/2, 1954, that I last saw the deceased alive on 4/2, 1954, and that death occurred at 1 or 2 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Howard M. Weeks Md.
ADDRESS 100 N. Potomac Hagerstown Md.
DATE SIGNED 4/2/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF April 4, 1954
NAME OF CEMETERY OR CREMATORY Riverview Cemetery
LOCATION (City, town, or county) Williamsport, Md.
State Work Md.

DATE REC'D BY LOCAL REGISTRAR Apr. 2 1954
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR Albert H. Leaf
ADDRESS Williamsport, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU V. S.

Film #G165 Item # 14
5/10/54 emf

Dr. Dalton Welty 104036

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4022 CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 7 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2212 Club Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 2212 Club Road

3. NAME OF DECEASED: (Type or Print) (First) Fritz (Middle) Max (Last) Oppenheim

4. DATE OF DEATH (Month) Apr. (Day) 30 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Apr. 3, 1904	50 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)	10B. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Partner Economy Furniture Co.		Alfeld, Germany	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Albert Oppenheim	Aora Hoffman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
no		130-03-5093	Mrs. Ella Oppenheim

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH -

IMMEDIATE CAUSE (A) Coronary Arteriosclerotic Heart Disease c Ventricular Fibrillation

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: 2 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 30, 1954, to April 30, 1954, that I last saw the deceased alive on Apr. 30, 1954, and that death occurred at 5 P. M, from the causes and on the date stated above.

SIGNATURE Dalton M Welty M. D. ADDRESS Hagerstown, Md. DATE SIGNED 5-1-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5-2-1954	Bnai Abraham Cemetery	Halfway, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 1, 1954	Chas. H. Bowers	Andrew K. Coffman,	Hagerstown, Md.

MAY 4 1954
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4023 CERTIFICATE OF DEATH

Reg. Dist. No. 04037 202

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
LENGTH OF STAY (in this place) 20 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON COUNTY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
STREET ADDRESS (If rural give location) 324 S. LOCUST ST.

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) WILLIAM (Last) PADIAN
4. DATE OF DEATH: (Month) APRIL (Day) 25 (Year) 19 54

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 9/23/1905
9. AGE last birthday: 48 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): FOREMAN FIRE DEPT.
10b. KIND OF BUSINESS OR INDUSTRY: AIRCRAFT PLANT
11. BIRTHPLACE (State or foreign country): WEST VIRGINIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM PADIAN
14. MOTHER'S MAIDEN NAME: NORA FAULKWELL

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 217-09-9934
17. INFORMANT & ADDRESS: MRS. JUANITA PADIAN HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Left Ventricular Failure — Interval Between Onset And Death: 2 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Coronary Thrombosis — 5 days

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 20 Apr, 1954, to 25 Apr, 1954, that I last saw the deceased alive on 25 Apr, 1954, and that death occurred at 6 08 PM from the causes and on the date stated above.

SIGNATURE J Davidson (Degree or title) MD ADDRESS Hagerstown DATE SIGNED 4/26/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4/28/54
NAME OF CEMETERY OR CREMATORY Rest Haven Cem.
LOCATION (City, town, or county) Hagerstown (State) Md.

DATE REC'D BY LOCAL REGISTRAR Apr. 27, 1954
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR W. T. Norment ADDRESS Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 29 1954
BUREAU V. S.

4024

Dr Wells 04038

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The street address is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 1 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS 627 N. Locust St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 627 N. Locust St.

3. NAME OF DECEASED: (Type or Print) (First) Barbara (Middle) Ann (Last) Rickard

4. DATE OF DEATH (Month) (Day) (Year) April 11, 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Sept. 9, 1952

9. AGE last birthday: 3 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Hagerstown, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Paul Rickard

14. MOTHER'S MAIDEN NAME: Alice Jane Ruck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) none

16. SOCIAL SECURITY NO.: ---------

17. INFORMANT & ADDRESS: Paul J. Rickard

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

Immediate cause (a) 922.0

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) asphyxia due to foreign body (aspirin tb in Glottis) — 15 min

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) Wash. (State)

21d. TIME OF INJURY (Month) 4 (Day) 11 (Year) 54 (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR? infant trying to swallow aspirin tablet

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE A. Rokes Wells DEPUTY MEDICAL EXAM. WASH CO., MD M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☑ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED Apr. 11-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 4-14-1954

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REG. Apr. 13 1954

REGISTRAR'S SIGNATURE Linda H. Bowers

24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman, Hagerstown, Md.

VS. A15A - 5 - 53

APR 15 1954

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04039

4025 CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Wash. | STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 84 yers.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. | COUNTY: Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural give location): 137 N. Locust St.

3. NAME OF DECEASED: (Type or Print) (First) Sarah (Middle) Effie (Last) Ridenour

4. DATE OF DEATH: (Month) Apr. (Day) 18 (Year) 19 54

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Nov. 1, 1869

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months | Days IF UNDER 24 HRS: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Bookkeeper

10b. KIND OF BUSINESS OR INDUSTRY: hardware store

11. BIRTHPLACE (State or foreign country): Hagerstown, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Ridenour

14. MOTHER'S MAIDEN NAME: Fannie Houck

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 22-09-7070

17. INFORMANT & ADDRESS: C. R. Kinna, Chewsville, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 443X (a) Hypertensive Cardio-Vascular Disease — Interval Between Onset And Death: 10 years?

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) arterio-sclerosis — 15-20 years?

DUE TO

(c) ✓

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: 0

19a. DATE OF OPERATION: 0 | 19b. MAJOR FINDINGS OF OPERATION: 0 | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE: 0 (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.): 0 | (CITY OR TOWN) 0 | (COUNTY) Wash. | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: 0 | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR? 0

22. I hereby certify that I attended the deceased from Jan. 1950, to April 18, 1954, that I last saw the deceased alive on 4/18 1954, and that death occurred at Wash. Co. Hosp., from the causes and on the date stated above.

SIGNATURE (Physician or title): Victor D. Miller — DR. VICTOR D. MILLER — ADDRESS: 131 W. WA[illegible] HAGERSTOWN, MD. — DATE SIGNED: 3/19-1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Apr. 20, 54 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State): Rose Hill Cemetery, Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR: Apr. 20, 1954 | REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: Scott F. Minnich & Son, Hagerstown | ADDRESS

RECEIVED
APR 22 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

4059 04040

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Maugansville Md
LENGTH OF STAY (in this place) 81 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mennonite Home Maugansville Md.

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Maugansville
STREET ADDRESS (If rural, give location) Maugansville Mennonite Home

3. NAME OF DECEASED (Type or Print) (First) Martha (Middle) E. (Last) Risser
4. DATE OF DEATH (Month) 4 (Day) 18 (Year) 1954
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Oct 16 1872
9. AGE last birthday 81 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) R.F.D. Hagerstown Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Jacob Risser
14. MOTHER'S MAIDEN NAME Fannie Eby
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Benjamin E. Risser Hagerstown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypertension Cardio Cardio-Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH 10 years ?

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) undetermined Cause unknown

(c) Total Loss of Vision Both eyes. — more than 50 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION ✓
19b. MAJOR FINDINGS OF OPERATION ✓
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE ✓ (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ✓ (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from Jan, 1901, to April 18 1954, that I last saw the deceased alive on April 10, 1954, and that death occurred at 3:20 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Vivian D Miller DR. [illegible] MILLER
ADDRESS [illegible] HAGERSTOWN, MD.
DATE SIGNED 4/18-1954

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4/21/54
NAME OF CEMETERY OR CREMATORY Reiff Mennonite Church
LOCATION (City, town, or county) Washington Co. Md (State)
DATE REC'D BY LOCAL REG. Apr. 19. 1954
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR A. E. Minnick
ADDRESS Greencastle Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 21 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04041

4026 CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown
LENGTH OF STAY (in this place): 28 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown
STREET ADDRESS (If rural give location): 92 W. Washington St.

3. NAME OF DECEASED: (Type or Print) (First) Gustavus (Middle) Truman (Last) Rumbergen

4. DATE OF DEATH: (Month) April (Day) 13 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	July 18, 1881	72 yrs.		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Civil Engineer	Railroad	Center County, Penna.	U.S.

13. FATHER'S NAME: Davis S. Rumbergar

14. MOTHER'S MAIDEN NAME: Caroline Herman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No		705-10-4496	Truman G. Rumbergar Alexandria Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Death
Immediate cause	(a) Uremia	2 wks.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Bilateral hydronephrosis, due to extension of lower ureters DUE TO	3 mos +
	(c) Transitional carcinoma of bladder grade II	9 mos +

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Feb 16, '54	Transurethral resection of tumor involving base of bladder	Yes X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Feb 1, 1954, to April 2, 1954, that I last saw the deceased alive on Apr. 12, 1954, and that death occurred at 12:50 PM, from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Ira L. Houghton	M.D	115 W Washington St Hagerstown Md.	

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 15, 1954	Rest Haven Cemetery	Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Apr. 15, 1954	Ethel M. Towers	Rest Haven Funeral Chapel Inc.	

RECEIVED
APR 19 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04042

4027 CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 34 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Mt. Etna Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural give location): Mt. Etna Road

3. NAME OF DECEASED: (First) DONNA (Middle) E. (Last) St.MARTIN (Type or Print)

4. DATE OF DEATH: (Month) April (Day) 6 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 2, 1889

9. AGE last birthday: 65 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Frederick Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Caleb H. Grossnickle

14. MOTHER'S MAIDEN NAME: Charlotte A. Kinna

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Wm. St.Martin, Mt.Etna Road, Hagerstown, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 420.1 Coronary thrombosis — Interval Between Onset And Death: 4 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED White at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 2, 1954, to Apr. 6, 1954, that I last saw the deceased alive on Apr. 5, 1954, and that death occurred at 2:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): R.A. Bell M.D. — ADDRESS: Hagerstown, Maryland — DATE SIGNED: Apr. 9, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Apr. 8 1954 — NAME OF CEMETERY OR CREMATORY: Grossnickles — LOCATION (City, town, or county) (State): Nr. Myersville, Fred. Co. Md

DATE REC'D BY LOCAL REGISTRAR: Apr. 10, 1954 — REGISTRAR'S SIGNATURE: Chas. H. Boevers

24. FUNERAL DIRECTOR: Paul F. Bittle, Myersville, Md. — ADDRESS

VS. A15

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04043

4028 CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Hagerstown Md.
LENGTH OF STAY (in this place) 60yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 667 Pennsylvania Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown Maryland
STREET ADDRESS (If rural give location) 667 Penn Ave

3. NAME OF DECEASED: (Type or Print) (First) Ida (Middle) Alberta (Last) Scott

4. DATE OF DEATH: (Month) 4 (Day) 11 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: 10-29-1881

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Private fami.

11. BIRTHPLACE (State or foreign country): Frederick County

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Lane

14. MOTHER'S MAIDEN NAME: Catherine Fisher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Mrs Patsie Davis 667 Pennsylvania Ave

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
151X
Immediate cause (a) Carcinoma - Stomach
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b)
DUE TO
(c)

Interval Between Onset And Death 2yrs

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct ..., 19 53, to April 11, 19 54, that I last saw the deceased alive on April 10, 19 54, and that death occurred at 11 Pm, from the causes and on the date stated above.
SIGNATURE (Degree or title) Hugh McLennan MD
ADDRESS Hagerstown Md
DATE SIGNED 4/13/54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 10-14-1954 NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR Apr 14 1954 REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR John R Watson Jr ADDRESS Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 19 1934
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 84044

4029

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown, Md.
LENGTH OF STAY (in this place) life time
HOSPITAL OR INSTITUTION OR STREET ADDRESS 430 N. Jonathan, St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown Maryland.
STREET ADDRESS (If rural, give location) 430 N. Jonathan St.

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) William (Last) Scott

4. DATE OF DEATH: (Month) 4 (Day) 16 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 12-13-1882

9. AGE last birthday: 71 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Boilder Washer

10b. KIND OF BUSINESS OR INDUSTRY: W.M. Railroad

11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: John Scott

14. MOTHER'S MAIDEN NAME: Harriet Byrd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 705-10-8583

17. INFORMANT & ADDRESS: Mrs Mable Scott 430 N. Jonathan, St.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
Immediate cause	420.0	Arteriosclerotic Heart Disease	2 yrs
Antecedent causes (s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last.	(a) DUE TO		
	(b) DUE TO	Generalized Arteriosclerosis	10 yrs.
	(c)		

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY — m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 19 54, to April 16th, 19 54, that I last saw the deceased alive on April 16th, 19 54, and that death occurred at 9 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) MD — ADDRESS Hagerstown Md — DATE SIGNED 4/19/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 4-20-1954 — NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery — LOCATION (City, town, or county) (State) Hagerstown, Maryland.

DATE REC'D BY LOCAL REGISTRAR Apr. 20. 1954 — REGISTRAR'S SIGNATURE Chas H. Powers

24. FUNERAL DIRECTOR John R Watson — ADDRESS Hagerstown Md.

RECEIVED
APR 22 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4030

CERTIFICATE OF DEATH

Reg. Dist. No. 04045 302

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
LENGTH OF STAY (in this place) 30 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARLOCK NURSING HOME

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
STREET ADDRESS (If rural give location) 506 SUMMIT AVE.

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) ELIZABETH (Last) SHANK

4. DATE OF DEATH: (Month) APRIL (Day) 13 (Year) 1954

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 9/25/1867
9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ISSAC G. BEARD
14. MOTHER'S MAIDEN NAME: ELIZABETH M. HUYETT

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS: MR. ROBERT H. SHANK HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Arterio sclerotic heart disease — Interval Between Onset And Death 2 yrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertension

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Aug 1949 to 13 Apr 1954, that I last saw the deceased alive on 10 April, 1954, and that death occurred at 930 AM from the causes and on the date stated above.

SIGNATURE (Degree or title) Edward H. Voorhees MD
ADDRESS H. Ogden
DATE SIGNED 4/16/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4/15/54
NAME OF CEMETERY OR CREMATORY Rest Haven Cem.
LOCATION (City, town, or county) Hagerstown (State) Md.

DATE REC'D BY LOCAL REGISTRAR Apr 14, 1954
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR W. T. Norment
ADDRESS Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 19 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04046

4031

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 3mos.7days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garlock Convalescent Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Penna. COUNTY Phila.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Philadelphia
STREET ADDRESS (If rural give location) 1129 Slocum St. ✓

3. NAME OF DECEASED: (Type or Print) (First) Beula (Middle) Swigert (Last) Shilling

4. DATE OF DEATH: (Month) April (Day) 27 (Year) 1954

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: 7/8/1888

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Dress Designer

10b. KIND OF BUSINESS OR INDUSTRY: Dress Mfg.

11. BIRTHPLACE (State or foreign country): Shady Grove, Franklin Co.

12. CITIZEN OF WHAT COUNTRY? Pa. U.S.A.

13. FATHER'S NAME: Samuel Swigert

14. MOTHER'S MAIDEN NAME: Sabina Garns

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 160-10-6206

17. INFORMANT & ADDRESS: Mrs Harry Snavely 407 S. Potomac St Hagerstown, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

171X

Immediate cause (a) Metastatic Carcinoma Cervix — Interval Between Onset And Death: 2 yr

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1954, to April 27, 1954, that I last saw the deceased alive on April 15, 1954, and that death occurred at 12:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert U. Campbell MD ADDRESS Hagerstown Md DATE SIGNED 4/30/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 4/30/54

NAME OF CEMETERY OR CREMATORY Green Hill

LOCATION (City, town, or county) Waynesboro (State) Pa.

DATE REC'D BY LOCAL REGISTRAR Apr. 30, 1954

REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR Walter Y Grove ADDRESS Waynesboro, Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 3 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 04047

4032 # CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. Type or write plainly, with unfading ink. Especially important: Physicians: Please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown — LENGTH OF STAY (in this place): 1 Week	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 612 West Church Street	STREET ADDRESS (If rural, give location): 612 West Church Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Deborah	Kae	Showe	April 1, 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days / Hours / M.	If under 24 hours: M.
Female	White	Single	Mar. 11, 1954	yrs.	20	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	Infant	Hagerstown, Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Claude E. Showe, Sr.	Ida Daley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No ---	None	Claude E. Showe, Sr.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) [illegible]	
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) acute atelectasis of lungs	
(c) (found dead in bed)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. premature feeding problem	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none		Yes ☐ No ✓

21. ENTER EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ✓, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	DEPUTY MEDICAL EXAM.	ADDRESS	DATE SIGNED
J. Robert Mills M.D.	WASH. CO., MD.	115N. Potomac Street-Hag., Md.	4-1-54

23. DISPOSITION (Burial, Cremation, Removal (Specify))	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-2-54	Rest Haven Cemetery	Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Apr. 2, 1954	Chas. H. Bowers	Andrew K. Coffman, Hagerstown, Md.	

34361312

Wilson

Coroner signed
4-7-54
S. Robert Wells, M.D.
D.M.E. - Wash. Co. Md.

4033

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04048

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1 PLACE OF DEATH
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 50 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 548 W. Wilson Blvd.

2 USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 548 W. Wilson Blvd.

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) C (Last) Skelton

4. DATE OF DEATH: (Month) 4 (Day) 6 (Year) 1954

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married
8. DATE OF BIRTH: April 5, 1897
9. AGE last birthday: 57 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): trucker
10B. KIND OF BUSINESS OR INDUSTRY: self employed
11. BIRTHPLACE (State or foreign country): Luray, Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wilbur Skelton
14. MOTHER'S MAIDEN NAME: Marybelle Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) W.War I
16. SOCIAL SECURITY NO. 212-14-7389
17. INFORMANT & ADDRESS: Mrs. Ethel Skelton Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Seconds

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Arteriosclerosis — Years
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Chronic Rheumatic Heart Disease — 30 yrs.

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☒

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from , 19 54, to 4/6, 19 54, that I last saw the deceased alive on Jan, 19 54, and that death occurred at 11:50 P M, from the causes and on the date stated above.

SIGNATURE [signature] M.D. ADDRESS Hagerstown DATE SIGNED 4/8/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: April 9, 1954
NAME OF CEMETERY OR CREMATORY: Rose Hill
LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR: APR 9, 1954
REGISTRAR'S SIGNATURE: Chas. H. Bowers
24. FUNERAL DIRECTOR: Fred W. Kraiss ADDRESS: Hagerstown, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 9 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

4034 **CERTIFICATE OF DEATH** 04049

FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY: Washington — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown — LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Washington — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 494 North Potomac Street

3. NAME OF DECEASED (Type or Print): (First) Edna (Middle) I (Last) Smith
4. DATE OF DEATH: (Month) April (Day) 19 (Year) 19 54
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Mar. 22, 1874
9. AGE last birthday: 80 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Hagerstown
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: George W. Smith
14. MOTHER'S MAIDEN NAME: Laura McClanahan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4-51X
Immediate cause (a) Vascular hypertension — Interval between onset and death:

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Ruptured abdominal aortic aneurysm — 35hrs
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) None m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22 *I certify that I took charge of the remains described above, held an Autopsy / Inspection, Inquiry, thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes / accident, suicide, homicide, undetermined.*

SIGNATURE (Degree and title): J. Robert Mullo M.D. DEPUTY MEDICAL EXAMINER WASH. CO., MD. — ADDRESS: 115 N. Potomac St., Hagerstown, Md. — DATE SIGNED: 4-21-54

METHOD OF DISPOSITION (Burial, Cremation, Removal, (Specify)): Burial — DATE THEREOF: 4-21-54 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetry — LOCATION (City, town, or county) (State): Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR: Apr. 23 1954 — REGISTRAR'S SIGNATURE: [illegible] — 24. FUNERAL DIRECTOR: C. M. Suter & Son — ADDRESS: Hagerstown, Md.

MARGIN RESERVED FOR BINDING

CASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answers to questions especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16A

APR
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04050

4060 CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Hagerstown
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Hagerstown
STREET ADDRESS (If rural give location) Hagerstown Rt. 1

3. NAME OF DECEASED: (Type or Print) (First) Mable (Middle) Irene (Last) Snyder

4. DATE OF DEATH: (Month) April (Day) 25 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Apr. 25, 1927
9. AGE last birthday: 27 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Chewsville Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: E. Frank Snyder
14. MOTHER'S MAIDEN NAME: Myrtle E. Needy

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: ----
17. INFORMANT & ADDRESS: E. Frank Snyder Hag. Rt. 1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

325.4

Immediate cause (a) Pulmonary Edema — Interval Between Onset And Death: 3 hrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Convulsions — 2½ hrs

DUE TO

(c) Mongolian (Congenital) — 27 yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 25, 1954 to April 25, 1954 that I last saw the deceased alive on 4/25, 1954 and that death occurred at 7.30 A.M. from the causes and on the date stated above.

SIGNATURE G. A. Kohler (Degree or title) M.D. ADDRESS DATE SIGNED 4/26/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Apr. 27, 1954
NAME OF CEMETERY OR CREMATORY Rest Haven
LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR Apr. 27, 1954
REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR Scott F. Minnich & Son ADDRESS Hag. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 29 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04051

4035 CERTIFICATE OF DEATH Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1 PLACE OF DEATH
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (In this place) 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 452 Park Place

3. NAME OF DECEASED: (Type or Print) (First) Roy (Middle) Samuel (Last) Snyder

4. DATE OF DEATH: (Month) 4 (Day) 21 (Year) 19 54

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED WIDOWED, DIVORCED, (Specify): married

8 DATE OF BIRTH: June 4, 1894

9 AGE last birthday: 59 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sht. Mtl Wkr

10B. KIND OF BUSINESS OR INDUSTRY: Fairchild Aircraft

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Snyder

14. MOTHER'S MAIDEN NAME: Mary Dusing

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) W.WAR I

16. SOCIAL SECURITY NO. 214-09-6696

17. INFORMANT & ADDRESS: Mrs. Catherine Snyder Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) DUE TO Arteriosclerotic heart disease with myocardial insufficiency. — INTERVAL BETWEEN ONSET AND DEATH 27 days.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 26, 1954, to Apr. 21, 1954, that I last saw the deceased alive on April 21, 1954, and that death occurred at 12:30 P.M., from the causes and on the date stated above.

SIGNATURE AND M. D. R. A. Bell ADDRESS Hagerstown, Md. DATE SIGNED April 23, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF April 24, 1954

NAME OF CEMETERY OR CREMATORY Rose Hill

LOCATION (City, town, or county) Hagerstown (State) Md.

DATE REC'D BY LOCAL REGISTRAR April 24, 1954

REGISTRAR'S SIGNATURE Grant H. Bowers

24. FUNERAL DIRECTOR AND ADDRESS Fred W. Kraiss Hagerstown, Md.

RECEIVED
APR
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

04052

4061

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 305

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY: WASHINGTON; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: APPLETOWN - RURAL; LENGTH OF STAY (in this place): LIFE; HOSPITAL OR INSTITUTION OR STREET ADDRESS: BOONSBORO MD. R2

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: MARYLAND; COUNTY: WASHINGTON; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: APPLETOWN - RURAL; STREET ADDRESS (If rural, give location): BOONSBORO MD. R.2

3. NAME OF DECEASED (Type or Print): (First) SIMON (Middle) P. (Last) SUMMERS

4. DATE OF DEATH: (Month) APRIL (Day) 14 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: APRIL 18 1873

9. AGE last birthday: 80-11-26 yrs. If under 1 year: Months / Days; If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER

10b. KIND OF BUSINESS OR INDUSTRY: FARM

11. BIRTHPLACE (State or foreign country): NEAR BOONSBORO WASH. CO. MD

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JAMES SUMMERS

14. MOTHER'S MAIDEN NAME: REBECCA SUMMERS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: JOHN E. SUMMERS BOONSBORO MD. R.2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 422.1 arterio-sclerotic

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) myocardial heart disease

(c)

INTERVAL BETWEEN ONSET AND DEATH: 6 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): None m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? (Fell dead in garden)

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE: Robert Wells M.D. (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO. MD. ADDRESS: 115 N. Potomac St. Hagerstown, Md. DATE SIGNED: 4-16-54

23. BURIAL, CREMATION REMOVAL, (Specify): BURIAL; DATE THEREOF: APRIL 17 1954; NAME OF CEMETERY OR CREMATORY: MT. CARMEL CEMETERY; LOCATION (City, town, or county) (State): MT. CARMEL WASH. CO. MD.

DATE REC'D BY LOCAL REG.: April 17 1954

REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: WM. F. EAST AND SONS ADDRESS: BOONSBORO MD.

RECEIVED
APR
FCC MAIL V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04053

4036

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY Washington — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown

LENGTH OF STAY (In this place) 2 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Washington

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport Maryland

STREET ADDRESS (If rural give location) 108 S Artizan Street

3. NAME OF DECEASED: (Type or Print)	First	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
	Harry	(None)	Turner	April	13	1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	Colored	Married	Feb. 26 187[illegible]	82 yrs.	1	17		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Labor	Farm	Near Williamsport Md.	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Robert Turner	Susan Collins

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	No	None	Mrs. Janie Turner 108 S. Artizan St. Williamsport Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Apoplexy — Interval Between Onset And Death: 2 Days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/10/54, 19 to 4/13/54, 19, that I last saw the deceased alive on 4/13/54, 19, and that death occurred at 7 A.M.; from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

C. E. Young M.D. Williamsport Md. 4/13/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 16 1954	Rose Hill Cemetery	Hagerstown Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR — ADDRESS
Apr. 15, 1954	Grush H. Powers	Edith V. Leaf Williamsport Md.

RECEIVED
APR 19 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04054

4037 CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural give location): 501 Gordon Circle

3. NAME OF DECEASED: (Type or Print) (First) Frederick (Middle) H. Wagner, Jr. (Last)

4. DATE OF DEATH: (Month) Apr. (Day) 7 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2-25-1893

9. AGE last birthday: 61 yrs. — IF UNDER 1 YEAR: Months 1, Days 13 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: V. F. Jamison Cold Storage Co.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frederick H. Wagner, Sr.

14. MOTHER'S MAIDEN NAME: Margaret Lillian Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES — (If Yes, give war or dates of service) W. W. #1

16. SOCIAL SECURITY No.: 060-07-0542

17. INFORMANT & ADDRESS: Mrs. Frederick H. Wagner, Jr. Hagerstown, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Dissecting aneurysm of Aorta — 22 days
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Atherosclerosis — yrs.
DUE TO
(c)

451 X

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary emphysema — yrs.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 21, 1954, to Apr. 7, 1954, that I last saw the deceased alive on April 7, 1954, and that death occurred at 1:45 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title): Chas A. Hoffman, M.D. — ADDRESS: 214 N. Potomac St. Hagerstown, Md. — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 4-10-1954 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery — LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR: 4/12/1954 — REGISTRAR'S SIGNATURE: Chas H. Bowers

24. FUNERAL DIRECTOR — ADDRESS: C. M. Suter & Sons, Hagerstown, Maryland

VS. A15

RECEIVED
APR 13 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04055

4038 CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY WASHINGTON — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town: HAGERSTOWN
LENGTH OF STAY (in this place): 10 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: CARLOCK NURSING HOME

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND — COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN RURAL
STREET ADDRESS (If rural give location): HAG. RT. #3 FUNKSTOWN

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) EMMA (Last) WARD

4. DATE OF DEATH: (Month) APRIL (Day) 21 (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): WIDOWED

8. DATE OF BIRTH: 3/13/1866

9. AGE last birthday: 88 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: BENJAMIN RIDENOUR

14. MOTHER'S MAIDEN NAME: ANNE PRYOR

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): NO
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: MRS. BLANCHE BOYER HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio Vascular Lesion — Interval Between Onset And Death: 6 yrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Hemiplegia — 3 wks.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-3 ,1954, to 4-21 , 1954, that I last saw the deceased alive on 4-21 , 1954., and that death occurred at 3:30 m. , from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
D. W. Dett, M.D. Hagerstown Md. 4-22-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 4/24/54
NAME OF CEMETERY OR CREMATORY: Manor Church Cem.
LOCATION (City, town, or county) (State): Washington Co. Md.

DATE REC'D BY LOCAL REGISTRAR: Apr. 23. 1954
REGISTRAR'S SIGNATURE: Thos. H. Bowers

24. FUNERAL DIRECTOR: W. J. Norment
ADDRESS: Hagerstown, Md.

APR 2[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

04056

4062

Reg. Dist. No. 305

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boonsboro
LENGTH OF STAY (in this place) 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Guilford Nursing Home (2)

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Damascus
STREET ADDRESS (If rural give location) ✓

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) W. (Last) Warfield

4. DATE OF DEATH: (Month) April (Day) 23 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Aug. 7, 1864
9. AGE last birthday: 89 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, (Even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Montgomery Co., Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joshua Warfield
14. MOTHER'S MAIDEN NAME: Elizabeth Young

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Mr. Elisha S. Warfield, Gaithersburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4-50.0

Immediate cause (a) Generalized arteriosclerosis

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death 5 yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 15, 1954, to April 23, 1954, that I last saw the deceased alive on April 23, 1954, and that death occurred at 8 PM, from the causes and on the date stated above.

SIGNATURE G W Lewis (Degree or title) M. D. ADDRESS Boonsboro DATE SIGNED 4/23/54.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF April 25, 1954
NAME OF CEMETERY OR CREMATORY Damascus
LOCATION (City, town, or county) (State) Damascus, Md.

DATE REC'D BY LOCAL REGISTRAR April 25 1954
REGISTRAR'S SIGNATURE John H. Bast
24. FUNERAL DIRECTOR Olin L. Molesworth, ADDRESS Damascus, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 29 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04057

4063

CERTIFICATE OF DEATH

Reg. Dist. No. 307

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sandy Hook
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Residence

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sandy Hook
STREET ADDRESS (If rural, give location) Main Street

3. NAME OF DECEASED: (Type or Print) (First) Forrest (Middle) John (Last) Watkins

4. DATE OF DEATH: (Month) April (Day) 22, (Year) 19 54

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: June 2, 1920
9. AGE last birthday: 33 yrs. IF UNDER 1 YEAR Months 10 Days 20 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Flagman
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Sandy Hook, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Earl Watkins
14. MOTHER'S MAIDEN NAME: Goldie Irene Nuse

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) World War II
16. SOCIAL SECURITY NO.: 213-18-8485
17. INFORMANT & ADDRESS: Mrs. Goldie Watkins R.F.D.#1, Knoxville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

002X

Immediate cause (a) Bilateral Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH 3-4 yrs

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1954, to April, 1954, that I last saw the deceased alive on 4-21, 1954, and that death occurred at 7:10 A.m., from the causes and on the date stated above.

SIGNATURE Mildred Nicholas (DEGREE OR TITLE) M.D. ADDRESS Charles Town W.Va. DATE SIGNED 4/22/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 4/24/54
NAME OF CEMETERY OR CREMATORY Brownsville Cemetery
LOCATION (City, town, or county) Brownsville, Md. (State)

DATE REC'D BY LOCAL REG. 4/23/54
REGISTRAR'S SIGNATURE Cornelius W. Castle Deputy
24. FUNERAL DIRECTOR J. Donald Eckles
ADDRESS Bolivar, W.Va.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
APR 27 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04058

4039 **CERTIFICATE OF DEATH** Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md. COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown — LENGTH OF STAY (in this place) 9 days	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital	STREET ADDRESS (If rural give location) 533 Frederick St.

3. NAME OF DECEASED: (Type or Print)	(First) Charles	(Middle) E	(Last) Whittington	4. DATE OF DEATH:	(Month) 4	(Day) 2	(Year) 1954
5. SEX male	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed	8. DATE OF BIRTH: April 18, 1877	9. AGE last birthday 76 yrs.	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired	10B. KIND OF BUSINESS OR INDUSTRY: Police Force	11. BIRTHPLACE (State or foreign country): W. Va.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: unknown		14. MOTHER'S MAIDEN NAME: unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO. 217-18-7553	17. INFORMANT & ADDRESS: Mrs. John Helmer Funkstown, Md.	

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
550.1 IMMEDIATE CAUSE	(A) Perforated appendix with generalized peritonitis.	3-5 days
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO	
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	① Pulmonary Emphysema ② Gent ③ Chronic cholecystitis Arteriosclerosis	20-30 yrs.

19A. DATE OF OPERATION: 4/1/54	19B. MAJOR FINDINGS OF OPERATION Perforated Appendix c̄ Peritonitis.	20. AUTOPSY? YES ☐ NO ☑
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 29, 1954, to Apr. 2, 1954, that I last saw the deceased alive on Apr. 2, 1954, and that death occurred at 6 45 AM, from the causes and on the date stated above.

SIGNATURE	ADDRESS	DATE SIGNED
Edward W. Witte III, MD	M. D. 217 W. Washington St.	4/2/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	DATE THEREOF April 4, 1954	NAME OF CEMETERY OR CREMATORY Rest Haven	LOCATION (City, town, or county) Hagerstown (State) Md.
DATE REC'D BY LOCAL REGISTRAR Apr. 4, 1954	REGISTRAR'S SIGNATURE Chas H Bowers	24. FUNERAL DIRECTOR Fred W. Kraiss	ADDRESS Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

RECEIVED
APR 7 1954
BUREAU V. S.

928-MULBURRY

MARGIN RESERVED FOR BINDING

MARYLAND

04059

STATE DEPARTMETT OF HEALTH

4040 CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY WASHINGTON — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN | LENGTH OF STAY (in this place) 6½ HRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASH. CO. HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BOONSBORO
STREET ADDRESS (If rural, give location) POTOMAC ST.

3. NAME OF DECEASED (Type or Print): (First) MAUDE (Middle) E. (Last) WILKINSON

4. DATE OF DEATH: (Month) APRIL (Day) 28 (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: JANUARY 14 1869

9. AGE last birthday: 85 3 14 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): BOONSBORO WASH. CO. MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: FRANK THOMAS

14. MOTHER'S MAIDEN NAME: EMMA KATE STEMMER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | (If year, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT AND ADDRESS: HARVEY E. WILKINSON BOONSBORO MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X Immediate cause (a) Cerebral Hemorrhage — Interval between onset and death: 12 hours

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertension Cardio Vascular disease — 10 yrs (?)

260X (c) Diabetes Mellitus — 5 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 54, to 4/28, 54, that I last saw the deceased alive on 4/28, 54, and that death occurred at ... m., from the causes and on the date stated above.

SIGNATURE: Walter L. Shaffner M.D. (Degree or Title) ADDRESS Sharpsburg Md DATE SIGNED 4/30/54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE: MAY-1-1954 | NAME OF CEMETERY OR CREMATORY: BOONSBORO CEMETERY | LOCATION (City, town, or county) (State): BOONSBORO WASH. CO. MD.

DATE REC'D BY LOCAL REG.: Apr. 30, 1954 | REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: WM. E. BAST AND SONS | ADDRESS: BOONSBORO MD

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04060

4041

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (In this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 846 Maryland Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural give location): 846 Maryland Avenue

3. NAME OF DECEASED: (First) Josephine (Middle) Burger (Last) Wolf

4. DATE OF DEATH: (Month) Apr. (Day) 9 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 12-18-1873

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Burger

14. MOTHER'S MAIDEN NAME: Anna Wellinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: JOHN A. WOLF, 846 MARYLAND AVE. HAGERSTOWN

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arterio-Sclerotic Cardio Vascular Disease — Interval Between Onset And Death: 6 yrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1953, to Apr 7, 1954, that I last saw the deceased alive on 4-9, 1954, and that death occurred at 10:10 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Robert P. Conrad, MD

ADDRESS: Hagerstown, Md

DATE SIGNED: 4-10-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 4-12-1954

NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR: April 12, 1954

REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: C. M. Suter & Sons

ADDRESS: Hagerstown, Maryland

VS. A15

RECEIV
APR
BU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4042 CERTIFICATE OF DEATH

Reg. Dist. No. 0406 102

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Hagerstown X
STREET ADDRESS (If rural give location) Hagerstown Rt. 2

3. NAME OF DECEASED: (Type or Print) (First) Fern (Middle) Elizabeth (Last) Wolfe
4. DATE OF DEATH: (Month) April (Day) 20 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Jan. 29, 1954
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months 2 Days 11 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Hagerstown Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Daniel C. Wolfe
14. MOTHER'S MAIDEN NAME: Gertrude Jacobs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: ----
17. INFORMANT & ADDRESS: Daniel C. Wolfe Hag. Rt. 2

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

695 X
Immediate cause (a) Malnutrition & Acidosis — 4 days.
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO (c) Impetigo Infection of Buttocks — 5 days.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Refused Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/16, 1954, to 4/20, 1954, that I last saw the deceased alive on Apr 19, 1954, and that death occurred at 2:05 A.M.; from the causes and on the date stated above.
SIGNATURE (Degree or title) B. B. Bleasley M.D. ADDRESS 148 W. Wash St. Hagerstown Md. DATE SIGNED 4-21-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Apr. 21, 1954
NAME OF CEMETERY OR CREMATORY Funkstown
LOCATION (City, town, or county) (State) Funkstown Md.
DATE REC'D BY LOCAL REGISTRAR Apr. 21, 1954
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Scott F. Minnich & Son ADDRESS Gaf. Md.

2014214404

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 23 1954
BUREAU V. S.

203

04062

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4064 CERTIFICATE OF DEATH

Reg. Dist. No. 303

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Hagerstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gateway Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 202 E. Baltimore, St.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
PERCY	C	YEAKLE	4	23	1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	May 6, 1875	78 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10B. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Baker	Bakery	Smithsburg Md.	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
No	214-09-8654	Josephine B. Yeakle 202 E. Baltimore St. Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A) 450.0	Chr. Endocarditis.	2 yrs.
ANTECEDENT CAUSE (B) DUE TO	Arterial Sclerosis	7 yrs.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.	21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 24, 1954, to April 23, 1954 that I last saw the deceased alive on April 23, 1954, and that death occurred at 6:35 M. from the causes and on the date stated above.

SIGNATURE David R. Brewer M. D. ADDRESS Clear Spring Md. DATE SIGNED 4/24/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/26/54	Rose Hill Cemetery	Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Apr 26 1954	Joseph W. Murray	East Haven Funeral Chapel Inc.	

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